Supply every item of information carefully. The

VS. A15—10-53

TYPE OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTI	MORE,	18 (3754
0000	CEI	RTIFICATE	OF	DEATH	Reg.	Dist.	No. 21

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
	M.T.			
0	COUNTY HONGOMERY MARYLAND	STATE Maryland county Montgomery		
	CITY (If outside corporate limits, write RURAL LENGTH OF S			
	TOWN Bellesda	Town Bethesda X		
	HOSPITAL OR	STREET (If rural give location)		
	INSTITUTION OR STATES	ADDRESS 7900 Kentbuty Drive		
	ASTREET ADDRESS SUBWIDON	7900 Kellcoury Drive		
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)		
5	DECEASED: (Type or Print)	HOGO DEATH: 4- 11 1955		
3	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. D	ATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.		
5	Famala Nace: WIDOWED, DIVORCED, (Specify): No.	Months Days Hours Min.		
3	Telliae Wille	- 22 - 74 60 yrs.]]] 9		
2	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINES work done during most of working life. OR INDUSTRY:			
5	even if retired): Housewife	Lebanon Syria		
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
5	? Joseph	TIm law as an		
3		Unknown		
	15. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO	/900 Rentinity III		
	(Yes, no, or unk.) (If Yes, give war or dates no None	Mr. Massoud Abood, Bethesda, Md.		
3	18. MEDICAL CERTIF			
27	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
	21 4	A		
ò	260 IMMEDIATE CAUSE (A) CTON	my /hombons		
8	DUE TO			
2	ANTECEDENT CAUSE (S)	10-		
	GIVING RISE TO THE ABOVE CAUSE DUE TO	ves and		
	STATING UNDERLYING CAUSE LAST.			
3	(c) U7	Olehorcum		
ğ	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Jus Breunina		
	DISEASE OR CONDITION CAUSING DEATH.			
5	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERA	TION 20. AUTOPSY?		
		YES NO		
2				
181	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office 1	factory, 21c. WHERE DID (City or town) (County) (State)		
2	(IF EITHER, NOTIFY MEDICAL EXAMINER)	Man Court Occorr		
2	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUP			
4	OF INJURY While Not while at work at work			
2	IN.			
20				
-	22. I hereby certify that I attended the deceased from 4	- 9, 1935, to 4-/, 1935, that I last saw the deceased		
20	·			
200	·	at 10 M, from the causes and on the date stated above. ADDRESS DATE SIGNED		
r inali	alive on 4-11, 1955, and that death occurred	d at 10 f M, from the causes and on the date stated above. ADDRESS DATE SIGNED		
correct	alive on	at 10 M, from the causes and on the date stated above. ADDRESS DATE SIGNED		
collect	alive on	at 10 p M, from the causes and on the date stated above. ADDRESS M. D. Belhesela, had 4-11-55 METERY OR CREMATORY LOCATION (City, town, or county) (State)		
correct	alive on	And the causes and on the date stated above. ADDRESS M. D. Belhesda, Mal 4-11-55 METERY OR CREMATORY LOCATION (City, town, or county) Washington, D.C.		
correct	alive on	at 10 p M, from the causes and on the date stated above. ADDRESS M. D. Belhesela, had 4-11-55 METERY OR CREMATORY LOCATION (City, town, or county) (State)		

DECEINED

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3. NAME OF

DECEASED

Information

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 214 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED Montgomery Maryland county Montgomery MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITYIIf outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) Silver Spring TOWN 9 months Silver Spring HOSPITAL OR (If rural give location) STREET INSTITUTION OR 3017 Nedway Street ADDRESS 3017 Medway Street First (Middle) (Last) 4. DATE (Month) DEATH: April (Type or Print) HORACE E. ACKERMAN 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR WIDOWED DIVORCED June 27, 1893 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired): Salesman — Julius Garfinkle 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT Decatur, Illinois 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME Abram A. Ackerman A. Alice McKowan 17. INFORMANT & ADDRESS: 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. Mr. Robert E. Ackerman (Yes, no, or unk.) (If Yes, give war at dates 11.712 Viers Mill Rd., Silver Spring, 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH MMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while at work at work A. Andress and on the date stated above. . 1955, and that death occurred at /0

(Day)

(Year)

Hours |

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSYS

(State)

(State)

22. I hereby certify that I attended the deceased from Land, 1957 to april 3, 1955 that I last saw the deceased alive on Chril

ADDRESS 2 41 34 WISTA LDATE SIGNED 4-3-55 SIGNATURE warmie LOCATION (Juy, town, or county) 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY

REMOVAL (SPECIFY) Arlington Nat'l. Cemetery Burial Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 8434 Ga. Silver Spring, Md

BUREAU V. S.

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BECENED

NAMEOF

23. BURIAL, CREMATION.

REMOVAL

0 A

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3765 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

Months Days Hours 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY? U.S.A. ONSET AND DEATH 20. AUTOPSYT 21c. WHERE DID (City or town) (County) (State) . 1953, that I last saw the deceased DATE SIGNED. 13 CEMETERY OR

Reg. Dist. No. 223

(Day)

(Year)

1933

RECEIVED

APR 15 1955

BUREAU V. S.

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CERTIFICA	TE OF DEATH Reg. Di	ist. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
county Montgomery MARYLAND		UNTyMontgome
CITY (If outside corporate limits, write RURAL LENGTH OF STORM and give nearest town) (in this place	OR	
X TOWN al Cabin John, Md. Life HOSPITAL OR HOSPITAL OR	Rural Cabin John,	
	STREET (If rural give locat	
STREET ADDRESS 6512 - 79th Place	6512 - 79th Plac	e
3. NAME OF (First) (Middle) DECEASED:	OF	Day) (Year)
(Type or Print) THOMAS Edward 5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DA	ALLEN DEATH: Apr. Z TE OF BIRTH: 9. AGE last birthday: If UNDER	1 2000
Male White WIDOWED, DIVORCED, (Specify): Married Aug	22, 1890 64 yrs. Months	Poys Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, INDUSTRY:		COUNTRY?
even if reured): Builder Home builder	Montgomery Co., Maryland	U.S.
13. FATHER'S NAME: Self-employed	14. MOTHER'S MAIDEN NAME: Eliza Gray	
Albert W. Allen 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.:	*	1100
(Yes, no, or unk.) (If Yes, give war or dates of service)		
No 18. MEDICAL CERTIFIC	6512 -79th Pl., Cabin John,	MU.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Dec
181X Circulator	y Failure	one week
Immediate cause (a) DUE TO	y Failure c Carcinoma (primary	
Antecedent causes (s) Diseases or conditions, if any, (b) Metastate	a Carcinoma (primary	16 mo
giving rise to the above cause stating the underlying cause last. DUE TO	blaffer)	
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATI	ON	20. AUTOPSY
21. ACCIDENT (Specify) PLACE (Home, farm, factory, st	treet (CITY OR TOWN) (COUNTY)	Yes No No (STATE)
SUICIDE OF office bldg., etc.)	(0111)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF While at Not While INJURY m. Work At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 29.	ke 1953 to 2 april 1955 that I la	st saw the decease
alive on 2 april, 1955, and that death occurred at	6:29 PM, from the causes and on the da	te stated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
gaer W Ganden M D	Colin John, Md	3 april 195
	ETERY OR CREMATORY LOCATION (City, town, or Church Cemetery, Montomery C	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ounty, Md.
REGISTRAR 4/4/55 Bessie M. Thompsor	2 Robert a Sumphree, Beth	esda, Md.

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS. A15-10-53

	STATE	DEPARTMENT	of	HEALTH-BALTI	MORE,
3768	CEL	RTIFICATE	OF	DEATH	Reg

18

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASEO	
COUNTY Montgomery County MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) // Town Takoma Park HOSPITAL OR	STATE Maryland COUNTY Montg Y CITY(If outside corporate limits, write RURAL and OR TOWN Brookville STREET (If rural give location)	omery d give hearest town)
INSTITUTION OR Washington Sanitarium	ADDRESS	
	lsop OF DEATH: April 2	(Year) 19 19 55
Female White (Specify): Married Wy	14, 1071 DES yrs.	Ays Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even it restricted to the control of	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY!
13. FATHER'S NAME: Bowes	14. MOTHER'S MAIOEN NAME: Treen	well
(Yes, no, or unk.) (If Yes, give war or dates of service)	M. Narlif H. Alsop, But	shoelle Mil
18. MEDICAL CERTIFICA	ATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
11201		
IMMEDIATE CAUSE (A) Corona	ry Thrombosis	Lily hrs.
IMMEDIATE CAUSE (A) OUT OF TO		
ANTECEDENT CAUSE (S:		The boson
DISEASES OR CONDITIONS, IF ANY, (B) Cardia	c Infarct	Lily hrs.
GIVING RISE TO THE ABOVE CAUSE OUF TO		
STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	entouries and others the come	
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING OBATH.	ON	20. AUTOPSY?
194. DATE OF OPERATION:		AER NO E
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld		y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRI While Not while at work at work		
22. I hereby certify that I attended the deceased from 9/9	9, 1950, to μ =29, 19 55 that I last at 10.25 AM, from the causes and on the date 1.25	
alive on 4-28, 1955, and that death occurred a SIGNATURE	ADDRESS Wash. D.C. DAT	re signed
23. BURIAL, CREMATION DATE THEREOF NAME OF CEME	ETERY OR CREMATORY LOCATION (City, town, or	
DATE RECO BY LOCAL REGISTRAND, SIGNATURE	1 24/FUNERAL DIRECTOR	ADDRESS 7
DATE BEC'O BY LOCAL REGISTRANS SIGNATURE	Mu & N Near 1 0 2401-1	V'- St. 11)11

BUREAU V. S.

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S. of Parametry County and the se

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3789 CERTIFICATI	E OF DEAT	H Reg. I	Dist. No. 215
1. PLACE OF DEATH:	2. USUAL RESIDEN	ICE (HOME) OF DECE	SED:
COUNTY MONTGOMETY MARYLAND	CT. TT Dames and	Transferance.	
COUNTY MONTGOMETY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		Ivaniacounty property limits, write RURA	L and give nearest town)
X Town Bethesda Rural (in this place) 16 days	OR TOWN Rockwo		75 x - 3
HOSPITAL OR SINSTITUTION OR STREET ADDRESSU. S. Naval Hospital	STREET ADDRESS	(If rural give locat	ion)
	Route		V
DECEASED:	(Last) BARCLAY	4. DATE (Month) OF DEATH: April	(Day) (Year) 30 1955
RACE: WIDOWED, DIVORCED,	of BIRTH: 9.	AGE last birthday Trunos Months	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner Mariner		tate or foreign country):	COUNTRY?
13. FATHER'S NAME:	Pennsylva		US
Frank E. BARCLAY	Violet M.	SCHROCK	
18. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unk:) (If Yes, give war or dates of service) KOTEA 191-28-2711	Obtained fr	ADDRESS; Om Official Nav	y records
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE OA Mulique DUE TO DUE TO	nt brain	lumor	4 month
STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
27 april 1955 major Findings of OPERATION	ossa tun	w	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING DOB. LACE (Home, farm, fice OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DI etc. INJURY OCCUR	D (City or town) (C	county) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I attended the deceased from 14.A	pr, 1955, to30	Apr., 19.55 that I	last saw the deceased
Glive 7 30 Apr, 1955, and that death occurred at	9:43AM, from the ADDRESS	causes and on the da	ate stated above.
E. P. THELEN LCDR MC USN U. S. Naval Hospital Burial Cremation, Date Thereof Name of Cemet Burial Transit	ERY OR CREMATORY	Rockwood, Per	
Date to the second of the seco	I at EUNEBAL DU		ADDRECE

7557 Wisconsin Avenue, Bethesda, Md.

VS. A15 — 10 - 53

PLEASE TYPE

OR WRITE FLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

BUREAU V. S.

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Magazini, Magazi

SECTION OF STREET

COL CAN

3790 CF	ERTIFICATI	E OF DEAT	H Reg. Dis	st. No. 2 / /
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEAS	ED:
COUNTY	MARYLAND	STATE Maryla	and county Mont	gomery
OR and give nearest town)		CITY(If outside co	orporate limits. write RURAL sdale, RFD Clarks	and give nearest town)
HOSPITAL OR Montgomery Coun institution or Montgomery Coun street Address Hospital, Olney	ty General	STREET ADDRESS	(If rural give location	
		(Last) Beall	4. DATE (Month) OF April 8,	(Day) (Year) 1955 19
Female 6. COLOR OR 7. SINGLE, MA WIDOWED Specify : 1a	DIVORCED	OF BIRTH: 9	AGE last birthday IF UNDER Months Months	YEAR IF UNDER 24 HRS.
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NOUSEWITE	IND OF BUSINESS R INDUSTRY:	Maryland	tate or foreign country): 12	CITIZEN OF WHAT
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	
John Fletcher Burdette		Florence Tu	ırner	
(War and an unit) (To War mine man on dates	None	Barry R. Be	ADDRESS: Pall, Clarksbu	rg, Md.
	MEDICAL CERTIFICAT	TION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEA	DING TO DEATH			ONSET AND DEATH
260 X	. Acute Coro	nary Occlusion	1	12 hours
DUE	To (thrombosi	s?)		
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, (B	Diabetes M	ellitus - seve	ere	18 yrs
STATING UNDERLYING CAUSE LAST.	то			1000000
(C II OTHER SIGNIFICANT CONDITIONS CONTE				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATI	I	N		
None None	DINGS OF OPERATIO			YES NO
21A. ACCIDENT WAS UNDERLYING 21B. POR CONTRIBUTING CAUSE OF DEATH OF IN. (IF EITHER, NOTIFY MEDICAL EXAMINER)	LACE (Home, farm, fac JURY street, office bldg.,	tory. 21c. WHERE DI etc. INJURY OCCUR	D (City or town) (Cou	nty) (State)
OF INJURY WI	E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
M. McKendree Boyer A. D. 23. BURIAL. CREMATION. DATE THEREOF REMOVAL (SPECIFY) BURIAL Apr. 12, 195	NAME OF CEMET	5:10P M, from the ADDRESS Druid Theati	c causes and on the date D. C. Building Apri LOCATION (City, town, Browningsvi)	e stated above. ATE SIGNED 1 8, 1955 or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SI	GNATURE FOUND	olin L. Mol	RECTOR Lesworth, Dama	scus, Md.

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BUREAU V. S.

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5191 CERTII	CICATI	E OF DEA	TH	Reg. Dist. N	io. 217
1. PLACE OF DEATH:			ENCE (HOME) OF		
county Montgomery Maryland		STATE Dist	trict of cooly	mbia	
OR and give nearest town) (in	th of STAY this place)	OR	corporate limits, write		give nearest to
HOSPITAL OR INSTITUTION OR // STREET ADDRESS U. S. Naval Hospital		STREET ADDRESS 110	(If rural give Carroll Stre		1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Elizabeth Ann	BEI		4, DATE (Mor OF DEATH: A		
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	0.	OF BIRTH:	9. AGE last birthday 59 yra.	Months Days	Hours M
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Housewife	BUSINESS FRY:	Connect:		try): 12. CI	UNTRY?
Benjamin T. MURPHY		Mary KE	TA		
(Yes, no, or unk.) (If Yes, give war or dates of service) — — Unknown		Husband M	A ADDRESS: William B.	BERG Sr	•
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	U				V
DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF	F OPERATION	N			20. AUTOPS
OR CONTRIBUTING CAUSE OF DEATH OF INJURY stree	et, office bldg.,		JR?	(County)	(State)
OF INJURY M. While at work	Not while at work		INJURY OCCUR?		
22. I hereby certify that I attended the deceased falive on 21 Apr	occurred at Hospital	M, from ADDRE	the causes and on ss hesda Maryla Y Location (Cit	the date sta	ted above. SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		Ryghthule	Prechome ylvania Ave.,	-	

A15 VS.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The



VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

3792

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03764

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	,
COUNTY MONTGOMERY MARYLAND	STATE MARYLAND COUNTY	MONTGOMERY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) TOWN SILVER SPRING (in this place)	TOWN SILVER SPRING	56
HOSPITAL OR	STREET (If rural, give location)	2 /
INSTITUTION OR 8607 PINEY BRANCH ROAD	ADDRESS 8607 PINEY BRANC	H ROAD
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) JAMES ALBERT BO	ORMAN DEATH APR.	13 1955
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under	I year If under 24 hrs.
MALE CAU WIDOWED, DIVORCED, (Specify)	JULY 6, 1879 75 yrs. Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		COUNTRY?
NEAL ESTATE	WARRENTON, VIRGINIA	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ROBERT HENRY BOORMAN	LIZABETH DUVAL BROI	>1E
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes not or unknown) (If yes, give war or dates of None	EMILIE E. BOORMAN, WIFE	
18. MEDICAL CE		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
		16/12
Immediate cause (a) CARDIAC I	-AILURE	17430NSET
Antecedent cause(s) Diseases or conditions, if any, (b)		12 YRS,
giving rise to the above cause	**************************************	, I ee no en oo - a a a a a a a a a a a a a a a a a
stating the underlying cause last		
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🖰 No 🖯
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While No		
	A Dostor al	this hospital
22. I hereby certify that I attended the deceased from	r, 1955, to 13 Apr., 1955, that T last s	aw the deceased
alive on 1 mar, 19 5, and that death occurred at	11.30 Am., from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wy / I don't will the way	111111111111111111111111111111111111111	suter 22
1990/ 1 SAMS - 1181 JAH-MC	Wolder Keed Army Hoop	1-1. (.
	RY OR CREMATORY LOCATION (City, town, or count	(State)
1 Signal Wall to	1st Cometery Wordinton, Vivoin	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 4-18-55 Trances Vetter	Gowler 1148-5512	
	121 WILLIAM	

NOR TO THE THE PROPERTY OF THE

BUREAU V. S.

MARGIN RESERVED FOR BINDING

X	correct
	formation carefully. The
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK, Supply every item of information carefully. The correct age is esnecially important, Physicians: please write the causes of death clearly and legibly.
VS. A15 8-51	PLEASE WRITE PLAINLY, WITH

03765 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No.217 CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTE OMERY MARYLAND	STATE MR COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 8302 - 49 = Acc 1614.2
HOSPITAL OR INSTITUTION OR STREET ADDRESS SHARON NURSING HOME	STREET (If rural, give location) ADDRESS COLLEGE PARK, MD.
3. NAME OF DECEASED: (Type or Print) MARIE (Middle)	Gast) 4. DATE (Month) (Day) OF DEATH: APRIL P 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, APRIL	OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR HOURS Min. 95 yrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if the life work is the life work in the life work is the life work in the life work in the life work is the life work in the life	n. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: 17.	INFORMANT & ADDRESS:
(Yes, no, wonk.) (If Yes, give war or dates of service) NONE	OHN F. GUEST-8302-49-AVE,
18. MEDICAL O	CERTIFICATION COLLEGE PARTIE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause (8) CEREBRA	LACCIDENT 6 weeks
Immédiate cause (a) DUE TO	A A A
Antecedent cause(s)	interosclerosa George
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
	Yes 🗌 No 🗍
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY M. work at work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jul	1., 1954, to ful 8, 1955, that I last saw the deceased
	2.22m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE	DATE SIGNED 4/8/5
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER PERSONAL (Specify): 4/9/955	N N N
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG Chirly 9 1955 Berunde B Lawly	24 FUNERAL DIRECTOR C RIVERINGE MR.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03767 3795 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 217.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMETY MARYLAND	STATE Many land course II was and
COUNTY /// 179 // MARYLAND CITY (If outside corporate limits, Write RURAL) LENGTH OF STAY	STATE // Ary / And COUNTY HOWARD CITY (If outside corporate limits, write RURAL and give nearest town
OR and give nearest town) (in this, place)	OR The state of th
X TOWN U/MCY 4 WKs-	TOWN Dayton 13x-2
INSTITUTION OR Brooke Grove Chronic	STREET (If rural give location)
STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED:	POUANS- OF DEATH: Apr 17 19 53
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BARTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White Specify: Single Jan.	22 1872 82 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND) OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. even if retired):	Morbeck- Mary 1946 POUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
1 Burnala	H D /. 1/
George W. Durroughs-	Milerica Deckworth -
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
of service)	Pts. Hamission Record
18. MEDICAL CERTIFICA	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
15/X	1 + 11
IMMEDIATE CAUSE (A) adi wo	
ANTECEDENT CAUSE (S: DUE TO TO VICE	lautaria to introprintonene glanda
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE DIE TO	
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	DN Lea Meanage
	20. AUTOPSY?
	I TES NO LI
21A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	
210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
OF INJURY While While at work at work	
	01 10176. 11 15 10:00
22. I hereby certify that I attended the deceased from 2	2/, 1953, to 4-17, 1953, that I last saw the deceased
alive on # 10 - 16, 1955, and that death occurred at	t/:55 AM, from the causes and on the date stated above.
SIGNATURE	ADDRESS DATE SIGNED
Lillian K. Ziegler	M.D. Olney 4-18-55
	TERY OR CREMATORY LOCATION (City, town, or county) (State
REMOVAL (SPECIFY)	A A A A A A A A A A A A A A A A A A A
	OCKVILLE MO'MONTGOMERY CE NID
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR ADDRESS
4-10- 4.5- Lehed B Lawly	10-14.13 - 16 96-16mm 14 1110

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 2 /
					NO.

MEDICAL EXAMINER S CER.	INICALE OF DEATH	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE mil COUNTY Monty	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Surmanatorn (72)	eral)
HOSPITAL OR SINSTITUTION OR STREET ADDRESS Monty & Go Yen Hoop	STREET ADDRESS R 40, # /	/
3. NAME OF DECEASED: (First) (Middle) (Type or Print) (Scar William Bur	(Last) 4. DATE (Month) (Day OF DEATH OA 24	(Year)
RACE, WIDOWED, DIVORCED,	9. AGE last birthday: IF UNDER I	YEAR IF UNDER 24 HRS. ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) about County Roads	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WILAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
George E. Burrough	Barbara O. Peter	
15. WAS DIREASED EVER IN U.S. ARMED FORCES 2/16. SOCIAL SECURITY No.: Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
service)	Hosp Records	
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Cerebral Tuen	umhoze	100
DUE TO		Thrs.
Antecedent cause(s) Diseases or conditions, if any, (b)	skull	
giving rise to the above cause DUE TO		
stating underlying cause last (c)		
	s have been under unflue	falcohel
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	6	Yes No No
21a. EXTERNAL CAUSE WAS PRIMARY Et or CONTRIBUTING 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY INJURY	Germunton - R70, Morita	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work ☐ at work ☐	Fell down slepe at he	me
22. I hereby certify that I took charge of the remains describ		
find that death resulted from: Natural causes [], Accid	lent ☑, Suicide □, Homicide □, Undeter	rmined cause
Grand & Broschait	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	4-24-55
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	Y OR CREMATORY LOCATION (City, town, or co	ounty) (State)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16-01-01	, , ,
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
	24. FUNERAL DIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15A - 5 - 53

BUREAU V. S.

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The	3797 CERTIFICATE	i or me
	. Of State CERTIFICATE	OF D
St. E. YO	1. PLACE OF DEATH:	2. USUAL
aref	COUNTY NONGOMEYY MARYLAND	STATE
tion ca	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL (in this place)	CITY(If OR TOWN
of information carefully ath clearly and legibly.	HOSPITAL OR INSTITUTION OR Suburban	ADDRES
m of information careful death clearly and legibly	3. NAME OF DECEASED: (Type or Print) Pear Rake Bus	Last)
of ite	FEMA & WIDOWED, DINGRED, S. DATE WIDOWED, DINGRED, JULY	OF BIRTH
NG r every causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) as Sewite	LOUIS
FOR BINDING INK. Supply ev	13. FATHER'S NAME: (Unk) Rake	14. MOTHE
FOR BI	(Yes, no, or unk.) (If Yes, give war or dates of service)	WM, A.
	18. MEDICAL CERTIFICATI	ON AY
RESERVED UNFADING sicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Qa.
RESEI UNFA	IMMEDIATE CAUSE (A) DUE TO	TIME
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	ulsus
9 1	STATING UNDERLYING CAUSE LAST. (C)	
- H	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. BLOOM BLOOM	chief
/ 13	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	
> m	210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOV
3 E OR	22. I hereby certify that I attended the deceased from	n, 19.53
NO O	alive on 190 ml., 1955, and that death occurred at	3:10 Am
-10-		D. Sel
5 A S	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREM

RESIDENCE (HOME) OF DECEASED: outside corporate limits, write RURAL and give nearest town) If rural give location) 4. DATE (Month) DEATH: 9. AGE last birthday Hours | 10 foreign country 12. CITIZEN OF WHAT COUNTRY? R'S MAIDEN NAME: ONSET AND DEATH neumonic 20. AUTOPSYT HERE DID (City or town) (County)

(State)

(State)

V DID INJURY OCCUR?

to 20 Capul, 19 55 that I last saw the deceased

from the causes and on the date stated above. DDRESS DATE SIGNED

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OCCUR?

THE ALTER AND TAXABLE STORES Md, First George · Historile 12 BOTH due FRANKLIN AM. + Miggs Moad April 20 . CL 64.21 (ecopt) (Unk) andere Fremmer and in in land war Beenehal fourmen of class to land

	>	rmation carefully. The correct	h clearly and legibly.
I	TED FOR BINDING	Supply every item of information carefully.	write the causes of death clearly and legibly

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Physicians

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tem 2. Filmc180 4-21-55 et 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY STATE MARYLAND e limits write RURAL and give north town CITY (If outside contorate limits, write RURAL LENGTH OF STAY OR and give yearest wown) (in this place) CITY (If out OR and give OR TOWN HOSPITAL OR STREET INSTITUTION OR ADDRES STREET ADDRESS (Year) 3. NAME OF 4. DATE (Day) DECEASED: OF 19.3 (Type or Print) DEATH 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR 7. SINGLE, MARRIED WIDOWED, DLYOBGED, RACE (Specify) (State-or foreign country): |12. CITIZEN OF WHAT work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 13. FATHER'S NAME: 17. INFORMANT & ADDRESS 15 WAS DECEASED FOR IN U.S. ARMED FORCES? (Yes, no, or unk.) (Yes, give har or dates of 16. SOCIAL SECURITY NO.: service) 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (a) Immediate cause DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No No (STATE) 21. ACCIDENT (CITY OR TOWN) (COUNTY) (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY HOMICIDE TIME (Month) HOW DID INJURY OCCUR? INJURY OCCURED (Day) (Year) (Hour) While at Not While INJURY At Work | C Work 22. I hereby certify that I attended the deceased from 1953, that I last saw the deceased .194-3 ., from the causes and on the date stated above. alive on ., and that death occurred at DATE SIGNED (Degree or title) THEREOF LECATION (State BURIAL, CREMATION. DATE NAME OF CEMETERY OR OREMATORY (Oity, town, or county) (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FENERAL DIRECTOR

the March and the State of July March Enther the . apethowani Adres dietales hones Lyon Hatterton Horse Property Cold 165 : 23 Ec. 2 18 1681-91-431819 More may Piso simola, shire Is & All therens Summing. From the holde Oli James Puller and in hit on the food it style from from my 11:12 13/100 13/100 of robust of of fee souls nobel fromme Allatter of they car i trop - cat Ex Top-cost when some I 12 5:11 Elling 1- 7-13 11 6 11 (1) PER CEI

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

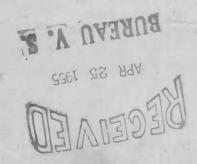
Item 9.	FilmG180 4-29-55	et			
1. PLACE O			2. USUAL RESIDENCE (H		ED·
COUNTY	Montgomery	MARYLAND	STATE Maryla	nd	COUNTY Montgomer
	outside corporate limits, write	RURAL and LENGTH OF STAY	CITY (If outside corpors	te limits, write RUR	AL and give nearest town)
X TOWN	Chevy Chase	20 (in this place)	Town Chevy	Chase	1 2 X
HOSPITA	L OR	16 10 11	STREET // C	rural, give	scation) / /
	ADDRESS 4870	chase Blig	ADDRESS 4890	hery C	horlblud.
3. NAME O		(Middle)	(Last)		ionth) (Day) (Year)
(Type or		В.	BURNES	OF DEATH A	oril 20, 1955 19
5. SEX	6. COLOR OR RAC	CE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH		If under I year If under 24 hrs.
11/9/6	unite	(Specify) // (G) / (E)	3/31/1899	∆5 56 ym.	Mpmhs Days Hours Min.
10a. USUAL	OCCUPATION (Give kind of	work 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIEBN OF WHAT
Structur	meet of working life, even if rett	INDUNIE!	Rhode Island		COUNTRY! USA
13. FATHE	R'S NAME		14. MOTHER'S MAIDEN	NAME	
	John C. B	Byrnes	Deliah Brady		
	CEASED EVER IN U.S. ARMED F		17. INFORMANT AND	ADDRESS	
Yes	inknown) (If yes, give war or dervice)	T and or	Mary C. Byrne	s - Same I	tem #2
		18. MEDICAL CE	RTIFICATION		
I. DISEASE	S OR CONDITIONS DIRECT	TLY LEADING TO DEATH		7	INTERVAL BETWEEN ONSET AND DEATE
		(1) 1 80		1.1	21
15 7×10	amediate cause (a) acute pes	puotary >	accure	Thes
A.	ntecedent cause(s)	6	000	, .	
	seases or conditions, if any, ()	b) Sereraline	(Caranos	notores	1 Neoreth
	ring rise to the above cause		. 0		
		(c) Carcinous	a of Fair	inda	2 March
	SIGNIFICANT CONDITION	S	1		- Mewie
	s contributing to the death but the disease or condition causing		Trase		
		OR FINDINGS OF OPERATION	-/2	1 11	/ 20. AUTOPSY1
h-	9- 55 (0	ranous of Van	ureas a felle	alued/her	Gostorby V
21. ACCIDE	ENT (Specify)	PLACE (Home, farm, factory, street,	(CITY OR T	OWN	COUNTY) (STATE)
SUICID		OF office bidg., etc.)	86.0		(0.22.2.)
TIME	(Month) (Day) (Year) (Ho	ur) INJURY OCCURRED	HOW DID INJURY OCC	CUR?	
OF INJURY		m. While at Not While Work At work			
		7, 6	-1 101.11.	70 50	
22. I here	by certify that I attended	d the deceased from ADU	, 1957, to gril 2	0, 1955, that	I last saw the deceased
-12	on adrel 20 195		200 D		
alive (, and that death occurred at	ADDRESS	causes and on the	date stated above. DATE SIGNED
DIGITAL	1	D. Haal	100	, 5. G	NI III DO
	/ Norle	1000000	200-180	1 Uye SY	·00.00. 5.C.
23. BURIAT	AL (Specify)	EREOF NAME OF CEMETE		OCATION (City, tow	n, or county) (State)
Burial	14/43/	1955 St. Rose		loppers	Maryland
DATE RE	C'D BY LOCAL REGISTRA	AR'S SIGNATURE	24 FUNERAL DIRECTO	R	ADDRESS
REG. 4	12455 173 ease	ie Un thom book	Rahletto a. ta	in Chroso.	Bethesda, Me

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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H	CERTIFICATE OF DEATH Reg. Dist. No. 2.1.7
carefully legibly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
carefull legibly.	COUNTY Moutgousery MARYLAND STATE MEQUEA COUNTY arlinglow
	CITY (If outside corporate limits write RURAL LENGTH OF STAY OR and give nearest town) (in this place) OR CITY(If outside corporate limits, write RURAL and give nearest town)
ation	X TOWN / Carly 9days TOWN / 83X-3
m of information	HOSPITAL OR INSTITUTION OR Brooke Brook Chronic Hop. STREET ADDRESS 12 U. Rolfe
	S. NAME OF (First) (Middle) (Last) 4. DAYE (Month) (Day) (Year) DECEMBER PRINT: LUCKY/G (Amin'ta, Sr. OF Amin'ta, Sr. 18 19.55
item of	Type or Print) LUAWIG CAMINIA, T. DEATH: HPT. 18 19 55 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
ite	Whete (Specify): Widows amknown 77 yrs. Months Days Hours Min.
NG every	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY?
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BIN	VIACERI CAMINITA JUAN 1220
FOR I	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social SECURITY No. 17. INFORMANT & ADDRESS: Ludwig Caucuta, J., Wash. D.C.
C 75 6	
RVE ADIN	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0
	IMMEDIATE CAUSE (A) THOUSE THE CAUSE
RESI	ANTECEDENT CAUSE (S) DUE TO
5	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OUE TO OUE TO
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MAR NLY, W	TO THE DEATH BUT NOT RELATED TO THE
MA INLY,	DISEASE OR CONDITION CAUSING DEATH. TYPE PROBLEM OF THE PROBLEM OF
4	29 MAN SI Franking Suff tryp - with the YES NO
TE PI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) (State)
W. W. B.	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not work at work a
OR	
	alive on 1.7 april , 1955, and that death occurred at 8.55 M, from the causes and on the date stated above.
10 - 53 TYPE	SIGNATURE DATE SIGNED DATE SIGNED
SE SE	SIGNATURE RICHARD B COSTELL M. D. MAY CONTROL HOLD 18 April 58 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, toyn, or count) (State)
A A	REMOVAL (SPECIFY) Chris 18.1955 Codes HOME Concentrate (Shorter to the second of the s
rs. Al	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 24. EUNERAN DIRECTOR REGISTRAR 25. OLADORISS 35. OLADORISS 37. OLADORI
	4-18-5-2 Herman Deann 118100000000 110000 136

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BUREAU V. S.

200	STATE DEPARTMENT		I—BALTIMORE,		214
3891	CERTIFICATE			Dist. No.	+ · F
1. PLACE OF DEATH:			ENCE (HOME) OF DECE	EASED:	
COUNTY MONI 90 MERY	MARYLAND		CT-COLUMBIA		
OR and give nearest town)	(in this place)	OR	corporate limits, write RUI	RAL and give no	earest town)
1 16 10 21144 1014	6 Ardens noising Hone	STREET	(If Gural give loc	4/X-	3
a INSTITUTION OR A A	mas ane	ADDRESS	(II Gurai give loc	ation)	V
B. NAME OF (First)	1	ast)	4. DATE (Month)	(Day)	(Year)
(Type or Print) PI-EDE PICK 5. SEX: 6. COLOR OR 7. SING	SLE, MARRIED. I & DATE O		DEATH; APHIL	8	1955
RACE: WIDE	OWED, DIVORCED, June	14 1866	9. AGE last birthday Month		rs Min.
DA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	OR INDUSTRY:	MOLLY ON	State or foreign country):	12. CITIZEN COUNTRY	
3. FATHER'S NAME:	JL-	14. MOTHER'S MA	AIDEN NAME:	0-10	
Debrye DCarp	enter	Figura	Highen		
Yes, no, or unk.) (If Yes, give war or dat of service)		17. INFORMANT 8	ADDRESS:		
DISEASES OR CONDITIONS DIRECT	(A) Congest	iva De	walio? Ku	INTERVAL ONSET	AND DEATH
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,	(B) Contar	rowler	Arm	4	-1
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	A		V	
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	TO THE	219		18	<i></i>
DISEASE OR CONDITION CAUSING	JOR FINDINGS OF OPERATION			20 41	LITODOVA
		Edwist	2011	YES _	NO (4
21A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		z. 21c. WHERE D	(R7 (City or town)	County)	(State)
21D. TIME (Month) (Day) (Year) (Hous OF INJURY M.	While Not while	21F. HOW DID I	NJURY OCCUR?		
22. I hereby certify that I attended alive on SIGNATURE	and that death occurred at	M, from th			bove.
23. BURIAL, -CREMATION, DATE THE			LOCATION (City, tow		(State)
REMOVAL (SPECIFY) 4/12	55 Cedar	Y OR CREMATORY	Suite	n, or county)	sed

SECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3802

9104991991

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

eg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. NIARGIN RESERVED FOR BINDING

The correct age

		TOR MEDICAL			eg. Dist. No		
I. PLACE OF DEATI	I·		2. USUAL RESIDENCE (HOME) OF DEC	EASED. COUNTY		
COUNTY	Montgomery	MARYLAND	Maryla			Montgomer	TV
	orporate limits, write RUR	AL and LENGTH OF STAY (in this place)	CITY (If outside corpor OR	rate limits, write B	URAL and giv	e nearest town)	,
OR give nearest	lver Spring	(in this place)	TOWN Silver	Spring		5	6
HOSPITAL OR			STREET ADDRESS	(If rural, g	ive location)	/	/
INSTITUTION OF	ss 9112 Flower	r Ave.	9112	Flower Ave	enue		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	()	Year)
(Type or Print)	Vincent	J.	Cascio	DEATH	April	19	19 55
Male Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 10/25/54	9. AGE last birt	yrs. Months	Days Hours	Min.
	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Washington,	D. C.	12	COUNTRY!	WHAT
Manuel F.	ECascio Cascio		Angela A. C				
15. WAS DECRASED EV (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY No.	Mr. Manuel F.	Cascio, 9		er Ave.	
		18. MEDICAL CE	RTIFICATION	Silver	Spring,	Md.	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND I	
			10-10			01	
62.0 Immediate	e cause (a)	atelectasis	of both les	ugs	200-10-10-1	- Kifle	
Antondor	nt cause(s)	moderate up		-//	4-		
	conditions, if any, (b)	moderale up	les Responit	- sup	election.	1 w/c	
	the above cause inderlying cause last			1		.0.	
acecuit ena o	(c)		<i>(</i>)			1	
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat	th.					
		FINDINGS OF OPERATION				20. AUTOPS	Y?
						Yes 😭 1	No 🗆
21. EXTERNAL CA PRIMARY OR CC CAUSE OF DEATH	USE WAS ONTRIBUTING OF I.	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN)	(COUNTY)		
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?			
OF INJURY	m,	While at Not while work at work					
				7	11	£	
22. I certify that I	d Autonou Inquestion of	ins described above, held an A r Inquiry, find that said dece	and died on the day state	ed above and a	leath in mu	oninion resu	ence ilted
from: natural	causes (1) accident], suicide [], homicide [],	undetermined .	ea above, and o	social tre may	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE		(Degree or title)	ADDRESS			DATE SIG	NED
-	11/3	1106. A M)	el The	l. h	2	4-19	-17
23. BURIAL, CREM	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City	town, or coun	ty) (Sta	te)
REMOVAL (Spec	ity) ///27/5	5 Cedar Hill C		Prince Ge			,
Burial DATE RECED BY	LOCAL REGISTRAR'S		24. FUNERAL DIRECT				
REG	5.5	1 Traffer,	Wayney & P	luce luce	8434 Ga	ADDRESS A Ve	
1/2/	and the second	CROW YOUR X VI	I A J W M M M J V C 1 1	LAND DOWN MY DIS	43.57	Ch	Re al

BECEINED

APR 25 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

COUNTY MONTGOMETY CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) CITY (If outside corporate limits, write RURAL and give neare of RURA		E OF DEATH Reg. Dist. No. 223
CITY If outside corporate limits, write RURAL and give neared from Tax or National Park, Md. CITY If outside corporate limits, write RURAL and give neared from Tax or National Park, Md. Replaced from Tax or National Park, Md. HOSPITAL OR FARK, Md. STREET ADDRESS NAME OF FIRST ORGESS S. AME OF FIRST ORGESS S. SEX: OR COLOR OR ?. SINGLE. MARRIED. S. DATE OF BIRTH: PORTH. April 19 19 50. SEX: OR COLOR OR WIDOWED. DIVORCED. 4/22/75 FORMAL WIDOWED. DIVORCED. 4/22/75 PARCE: WIDOWED. DIVORCED. 4/22/75 OA. USUAL OCCUPATION (Give kind of los KIND OF BUSINESS OR INDUSTRY: KNO XVIIIe, Tenn. OA. USUAL OCCUPATION (Give kind of los KIND OF BUSINESS OR INDUSTRY: KNO XVIIIe, Tenn. S. WAS DECEASED EVER IN U.S. AIMED FORCES? (Yes, no, or unk.) If Yes, yet war or dates of service! Bathurst Lee Smith 1. INFORMANT & ADDRESS: Bathary Fright Std. Bethesda, Due to MINEDIATE CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE ASTATING INDUSTRY. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE ASTATING INDUSTRY AND CIVING RISE TO THE ABOVE CAUSE ASTATING INDUSTRY AND CIVING RISE TO THE ABOVE CAUSE ASTATING INDUSTRY AND CIVING RISE TO THE ABOVE CAUSE ASTATING INDUSTRY AND CIVING RISE TO THE ABOVE CAUSE ASTATING INDUSTRY AND CIVING RISE TO THE ABOVE CAUSE ASTATING INDUSTRY AND CIVING RISE TO THE ABOVE CAUSE ASTATING INDUSTRY AND CIVING RISE TO THE ABOVE CAUSE ASTATING INDUSTRY AND COURT OF TIME DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITION CAUSING DEATH. OTHER SIGNIFICANT CONDITIONS OF OPERATION 10 OTHER SIGNIFICANT CONDITIONS OF OPERATION 110 OTHER SIGNIFICANT CONDITIONS OF OPERATION 121. INDUSTRY MEDICAL CAUSE ASTATING INDUSTRY OCCURRY OF INJURY OCCUR? DISEASE OR CONDITION CAUSING DEATH. 122. I hereby certify that I attended the deceased from County 19 17 to Market, 19 17 that I last saw the dialies on Market Mark	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
TOWN Bethesda To	COUNTY MONTGOMERY MARYLAND	STATE Maryland COUNTY Montgomery
ADDRESS 6817 Fairfax Rd. 3. NAME OF DECRASED IN THE PAGE SMITH CHAMBEL ADDRESS (Middle) (Last) 3. NAME OF DECRASED IN THE PAGE SMITH CHAMBEL ADDRESS (Middle) 3. NAME OF DECRASED IN THE PAGE SMITH CHAMBEL ADDRESS (Middle) 3. NAME OF DECRASED IN THE PAGE SMITH CHAMBEL ADDRESS (Middle) 3. NAME OF DECRASED IN THE PAGE SMITH CHAMBEL ADDRESS (MIDDLE ADDRESS (MIDLE ADDRESS (MIDDLE ADDRESS (MIDDLE ADDRESS (MIDDLE ADDRESS (MIDDLE ADDRESS (MIDDLE	CITY (If outside corporate limits, write RURAL COR and give nearest town) Md. (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town OR TOWN Bethesda
DECEASED: Type or Print) The o	HOSPITAL OR Eventide Nursing Home STREET ADDRESS	
5. SEX: 6. COLOR OR 17. SINGLE. MARRIED PROBLEM 18. MARRIED PROBLEM 18. SOCIAL SECURITY NO. RESERVED PROBLEM 18. MEDICAL SECURITY NO. RESERVED	DECEASED: Page	nambliss OF April 19 1955
work done during most of working life, even if retired): Housewife 13. FATHER'S NAME: Bathurst Lee Smith 14. Mother's Maiden Name: Bell Stover 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Bathurst Charles of service) 18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420. IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE AWAINER) 21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., etc. NIJURY OCCUR? While Not while ADDRESS MAD DOWN AND ADDRESS MAD DOWN AND AND AND AND AND AND AND AND AND AN	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE RACE: WIDOWED, DIVORCED. 1/00 /	75 79 yrs. Months Days Hours Min.
13. FATHER'S NAME: Bathurst Lee Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates) of service) 16. SOCIAL SECURITY NO. 17. INFORMATE & ADDRESS: Batherst Fatherst Fatherst St. Bethesda, Bethesda, 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. Cardiac failure	work done during most of working life. OR INDUSTRY:	Anoxville, lenn.
18. MAS DECEASED EVER IN U.S. AMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates) 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 10. MEDIC		
18. MEDICAL SECURITY No. 17. INFORMANT & ADDRESS: 18. MEDICAL SECURITY No. 17. INFORMANT & ADDRESS: Bathoff Fairly 18.	Bathurst Lee Smith	Bell Stover
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18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ### Cardiac failure ANTECEDENT CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY STREET, INJURY OCCUR? OF INJURY Street, office bldg., etc. INJURY OCCUR? While Not while Street, INJURY OCCUR? ADDRESS DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED		Bathanst Chambliss Betherde Md
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20. AUT. 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While at work 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Scantar, 19 47, to 44, 19 57, that I last saw the deceased of the signature of the stated above SIGNATURE 25. AUT. 26. AUT. 26. AUT. 27. AUT. 28. PLACE (Home, farm, factory. OCCUR? OF INJURY OCCUR? While Not while at work 21F. HOW DID INJURY OCCUR? While at work 19 47, to 44, 19 47, to 44, 19 47, that I last saw the deceased from Signature of the stated above SIGNATURE of the stated of the stated of the stated above SIGNATURE of the stated of the s		noma of the Coecum 2 31.
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work Not while at work 21F. HOW DID INJURY OCCUR? While at work 19 47, to Charles, 19 57, that I last saw the dealer on July 19 57, and that death occurred at 3 19 9M, from the causes and on the date stated above SIGNATURE SIGNATURE SOUND ADDRESS DATE SIGNED		20. AUTOPSY7
of INJURY M. While at work at	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	, etc. INJURY OCCUR?
alive on Jul 18, 1955, and that death occurred at 3:109 M, from the causes and on the date stated above SIGNATURE forest for Carthy 1 MD 3001 6 for hw. Wash & c. Charles	OF "INJURY While at work A work	
123. DURIAL. CREMATION, DATE INCREDE I HAME OF CEMETERS OF CREMATORS LOCATION (CAS) WAS, OF COURSE	alive on Full 18 1957, and that death occurred at SIGNATURE forest for Courthy 2	3:100 M, from the causes and on the date stated above.
bufflat (SPECIFY) 4/21/55 Rock Creek Cemetery Washington, D.C. DATE REC'D BY LOCAL REGISTRANS AGNATUSE 134 FUNERAL DIRECTOR ADDRESS	23 PUBLAL CREMATION DATE THEREOF A NAME OF CEMET	FRY OR CREMATORY LOCATION (City, town, or county) (State

VS. A15-10-53

TYPE OR WRITE PLAINLY, WITH

PLEASE

UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING



VS. A15

MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	Ca ha an
3893 CERTIFICAT	E OF DEATH	3777/16
	Reg. Dist.	No. 9
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	0 1
COUNTY POUR MARYLAND	STATE PART COUNTY	TY YITT!
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN HOSPITAL OR	CITY (If outside corporate limits, write RURAL an TOWN	d give nearest town)
	STREET (If rural give location)	1
INSTITUTION OR STREET ADDRESS	5700-Caday Packeron	
3. NAME OF (First) (Middle)	(Day) 4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print) (Persuader Charles)	land OF DEATH: 4 2	19 5 5
5. SEX: S. COLOR OR 7. SINGLE MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday: If UNDER 1 YE	AR IF UNDER 24 HRS.
RACE: WIDOWED, DIVORCED, Specify):	7.1885 69 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS O work done during most of working life, INDUSTRY	OR 11. BIRTHPLACE (State or foreign country): 12. C	ITIZEN OF WHAT
work done during most of working life, industry, every in the working life, every in the working life, in the working life, every	Denier Chi. Ill. 2	2.5.
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Hohn Coleland	Eck	
Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: 17 (Yes, no, or unk.) (If Yes, give war or dates of	7. INFORMANT & ADDRESS:	,
10 (11 les, give war of dates of 336-09-9749)	In Clebert for 3681- Tepton St.	n.W.
18. MEDICAL CERTIFICAT		Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,	1.	Onset And Death
Immediate cause (a) Multiple	Myeloma	Acc 1954
PMH-TO	1	
Antecedent causes (s) Diseases or conditions, If any, (b)	bronchofneumenia	4-days.
giving rise to the above cause stating the underlying cause last. DUE TO		0
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	and in talen	20. AUTOPSY ?
21. RCCIDENT (Specify) PLACE (Home, farm, factory, stree	(CITY OR TOWN) (COUNTY) (S'	Yes No No TATE)
SUICIDE OF office bldg., etc.)	to t	8 24 8 MAY
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At Work		
22. I hereby certify that I attended the deceased from	,1946, to April 2, 1955, that I last :	saw the deceased
alive on April 2, 1955, and that death occurred at	4: 40 a.m., from the causes and on the date s	
SIGNATURE (Degree or title)	ADDRESS DA	TE SIGNED
Stewar blass M.R. 3	921 Ingomes St. Work OC 9	W 2 1455
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	1 10 - 01	inty) (State)
DATE REC'D BY LOCALL RECISTRAD'S SIGNATURE	124. FUNERAL DIRECTOR	ADDRESS
REGISTRAR // (/ CT BALL MARK)	CU 4 - 2901-1456	St 7711

wash, D. C.

BECEDAED

2361 11 A9A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(Day)

COUNTRY?

20.

DATE SIGNED

(County)

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(State)

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MARGIN RESERVED

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED death clearly and legibly COUNTY MONT gomet 4 -STATE MARYLAND COUNTY MOMBOMERY MARYLAND CITY(If outside corporate limits, write RURAL and give near at town) LENGTH OF STAY OR and give nearest town) (in this place) OR TOWN TOWN HOSPITAL OR STREET STREET ADDRESS ADDRESS 3. NAME OF First) (Last) (Midale) 4. / DATE (Month) (Year) DECEASED: Stalla (Type or Print) DEATH: / 193 COLOR OR SINGLE. MARRIED DATE OF 9. AGE last birthday IF UNDER 24 HRB. of WIDOWED, DIVORCED. Months Days Hours (Specify) Mark causes 108 KIND OF BUSINESS USUAL OCCUPATION (Give kind of) 112. CITIZEN OF WHAT work done during post of working life. OR INDUSTRY COUNTRY? even if retired) the 13. FATHER'S NAME: MAIDEN NAME WAS DECEASED EVER WUS. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service) Se 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH d ONSET AND DEATH sicians IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. Phys GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION AUTOPSY NO 21A. ACCIDENT WAS UNDERLYING [] 248 PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED Not while 21F. HOW DID INJURY OCCUR? While OF INJURY at work at work 00 22. I hereby certify that I attended the deceased from age 19 Jthat I last saw the deceased and that death occurred at? alive on M, from the cause and on the date stated above. correct DATE SIGN 23. CREMATION town, or county (State) (SPECIFY) BY LOCAL ADDRES

SECELVED SE 1955.

BUREAU V. S.

SE REMAINABLE DE LA PROPERTIE DE L'ARREST DE L'ARREST L'ESTABLES DE L'ARREST D

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS. A15

3800 CERUNENCA TO OF HEALTH—BALTIMORE, 18 03780

CERTIFICATE OF DEATH

Reg. Dist. No. 216

RACE: WIDOWED, DIVORCED, (Specify): Widowed December 12, 1892 62 yrs. Months Days How Widowed December 12, 1892 62 yrs. Months Days How Wildowed December 12, 1	(Year) 1955 NDER 24 HRS. Urs Min. OF WHAT
CITY (If outside corporate limits, write RURAL of STAY (in this place) YOWN Bethesda 9 days HOSPITAL OR INSTITUTION OR STREET ADDRESS NAME OF DECEASED: (Middle) (Type or Print) Machree A. Corddry DEATH: April 17 S. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed December 12, 1892 62 yrs. 10A. USUAL OCCUPATION (Give kind of working life, even if retired): West Virginia 13. FATHER'S NAME: George Ray 15. Was DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) 16. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH CITY (If outside corporate limits, write RURAL and give in this place) CITY (If outside corporate limits, write RURAL and give in this place) TOWN Snow Hill STREET ADDRESS — (If rural give location) Lift (Middle) CLast) 4. DATE (Month) (Day) OF DEATH: April 17 B. DATE OF BIRTH: 9. AGE last birthday ir under i year if the place is a place in the place is a p	(Year) 1955 NDER 24 HRS. Urs Min. OF WHAT
HOSPITAL OR INSTITUTION OR STREET ADDRESS Natl. Institutes of Health 5. NAME OF DECEASED: (Type or Print) Machree A. Corddry OF DEATH: April 17 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify): Widowed December 12, 1892 62 yrs. Months Days How work done during most of working life. even if retired): 10. USUAL OCCUPATION (Give kind of working life. even if retired): 13. FATHER'S NAME: 16. Social Security No. (If Yes, give war or dates of service) 14. MOTHER'S MAIDEN NAME: 17. INFORMANT & ADDRESS: The medical record, The Clinical INTERVALORS ON SET OF STREET ADDRESS (INTERVALORS) 15. WAR DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) 16. MEDICAL CERTIFICATION INTERVALORS ON SET OF STREET ADDRESS (IF THE ADDRESS) (IF THE ADDRESS (IF THE ADDRESS) (IF THE ADDRESS (IF THE ADDRESS) (IF THE ADDRESS (IF	1955 NDER 24 HRS. Urs Min.
3. NAME OF DECEASED: (Type or Print) Machree A. Corddry 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed, December 12, 1892 1004. USUAL OCCUPATION (Give kind of working life, even if retired): 13. FATHER'S NAME: George Ray 15. Was Deceased Ever In U.S. Armed Forcest (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Medical Certification 17. INFORMANT & ADDRESS: The medical record, The Clinical INTERVALONSET 18. Medical Certification 19. Days Of DEATH: April 17 19. AGE last birthday if under ivea in property in part of property in part of part in part of part in pa	1955 NDER 24 HRS. Urs Min.
DECEASED: (Type or Print) Machree A. Corddry DEATH: April 17 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed December 12, 1892 December 12, 1892 OF DEATH: April 17 B. AGE last birthday Months Days How Months Days How Months Days How Months Days How Work done during most of working life. OR INDUSTRY: U.S. Was Deceased Ever In U.S. Armed Forcest (Yes, no, or unk.) (If Yes, give war or dates of service) I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH OF DEATH: April 17 OF DEATH: April 17 I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH OF DEATH: April 17 I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH OF DEATH: April 17 I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH OF DEATH: April 17 I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH OF DEATH: April 17 I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1955 NDER 24 HRS. Urs Min.
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify): Widowed, December 12, 1892 62 yrs. 10A. USUAL OCCUPATION (Give kind of working life, even if retired): 13. FATHER'S NAME: George Ray 15. Was December 12, 1892 62 yrs. 16. COLOR OR 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify): Widowed December 12, 1892 62 yrs. 17. INFORMANT & COUNTRY: West Virginia 18. Was December 12, 1892 62 yrs. 19. AGE last birthday Months Days How Months D	ors Min.
IDA. USUAL OCCUPATION (Give kind of working life, even if retired): 13. FATHER'S NAME: George Ray 15. Was Deceased Ever in U.S. Armed Forcest (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No. Not stated 17. INFORMANT & ADDRESS: The medical record, The Clinical INTERVALORS (NO. INTERVALORS) 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	OF WHAT
13. FATHER'S NAME: George Ray 14. MOTHER'S MAIDEN NAME: Elizabeth Reav 15. Was Deceased Ever in U.S. Armed Forcest (Yes, no, or unk.) (If Yes, give war or dates of service) Not stated 16. Social Security No. The medical record, The Clinical Not stated 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
George Ray 15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No. Not stated 17. Informant & Address: The medical record, The Clinical Not stated 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Α.
15. WAR DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: The medical record, The Clinical 18. MEDICAL CERTIFICATION INTERVA	
(Yes, no, or unk.) (If Yes, give war or dates of service) Not stated 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH THO MEDICAL TRANSPORT OF THE MEDICAL TRANSPORT	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Center
7100	L DETWEEN
	AND DEATH
IMMEDIATE CAUSE (A) Interstitual Valguorising Zderna LY DUE TO	lin
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY. (B) OUR TO STATING UNDERLYING CAUSE LAST. DUE TO	nio_
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
10. DATE OF OPERATION. 100 MAIOR FINDINGS OF OPERATION	UTOPSY?
YES -	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 8 , 1955, to Apr. 17 , 1955, that I last saw th	e deceased
alive on Apr. 17 , 1955, and that death occurred at M, from the causes and on the date stated a ADDRESS DATE SIGNATURE	
The Clinical Center Wester	Dove.
23 BIRIAL, CREMATION, DATE THEREOF NAME OF CENTETERY OF CREMATORY LOCATION (City, town or country)	DOVE.

DECEUVED

APR 21 1955

BUREAU V. S.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	03781
DHCO.						

3768 CERTIFICATE OF DEATH

Reg. Dist. No. 223-

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMERY MARYLAND	STATE Ohio COUNTY
CITY (if outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR TOWN MI V
Tanora lark acup. one	I-II. VELVIOVI /2 X - J
HOSPITAL OR JUSTITUTION OR	STREET (If rural give location)
75 STREET ADDRESS Washington Sanitarium & Hosp.	Rt. 2
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED:	OF A
(Type or Print) UAYIA JOANNE 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 19 AGE just hirthday 17 UNDER 19 19 55
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE isst birthday WUNDER I YEAR IF UNDER 24 HRE. Months Days Hours Min.
F white (Specify): single 5.	- 25 - 36 18 yrs. Months Days Hours Min.
10A USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. OR INDUSTRY:	COUNTRY?
Student	Unio Lusti.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank Corder	Lily Schar
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Machinita Santanni & Ilas D. 1
- 110	Mashington Janitarium + Hosp. Records.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	THE THE PETWEEN
	ONSET AND DEATH
IMMEDIATE CAUSE (A) Mexastatic	True M. of Brain with Pomenileones > 24 for
IMMEDIATE CAUSE OUE TO	And the state of t
ANTECEDENT CAUSE (S)	- Ou 40 mole and 70) - of
DISEASES OR CONDITIONS, IF ANY.	eguntions was overy the months
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N
The 14 1955 Para Duesta Time	20. AUTOPSTI
Than. 17, 1933. Forge oversal rumar	The Ovary Small tumor left ovary YES NO EX
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY SIEEEL OMICE DIEG.,	INJUNT OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	2 21F. HOW DID INJURY OCCUR?
OF INJURY While Not while at work at work	
	14 50 11.10
22. I hereby certify that I attended the deceased from	7, 1955, to apr 17, 1955 that I last saw the deceased
aliye on 19, 19, 55, and that death occurred at	6:50 PM, from the causes and on the date stated above.
SIGNATURE SIGNATURE	ADDRESS DATE SIGNED
Mand L. Callery Tun.	1894 Thomas a Class S. Md. 4-19-55
23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City/town, or county) (State)
// DEMOVAL -/energievy // c/ a and som	
Surial Travel apr 22 1955 Moundries	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	TALLEVALERAL DIRECTOR ADDRESS STATE
4-20-1955 4- Wellow Notad	John Jaly 25 CARROLLSINA
	Tabana Park 12, DC

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BUREAU V. S.

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03782 38 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	CERTIFICATE	\mathbf{OE}	DICATE	4

Reg. Dist. No. 217....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Want naments MARYLAND	STATE NOV. Vomis COUNTY Conoco
COUNTY Montgomery MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STA	STATE New York COUNTY Seneca Y CITY(If outside corporate limits, write RURAL and give nearest town
OR and give nearest town) (in this place)	OR
X TOWN Olney Honrs-4 52	min Town Geneva 69X-3
HOSPITAL OR Montgomery County	STREET (If rural give location) ADDRESS
73 STREET ADDRESS General Hospital, Inc.	71 State Street
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED:	OF
(Type or Print) Anne	Crews DEATH: April 27 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT	E OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White (Specify): Single Apri	1 27, 1955 yrs. Months Days Hours Min. 52
IOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. OR INDUSTRY:	COUNTRY?
even if retired) Newborn	Maryland U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Robert Crews	Elizabeth Jean Lebrecht
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mother
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATI	ON 20. AUTOPSY? YES NO A
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for Contributing Cause of Death (IF Either, Notify Medical Examiner)	actory. 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR While Not while at work at work	ED 21F. HOW DID INJURY OCCUR?
	7/.55, 19, to $4/27/.55$., 19, that I last saw the deceased at 6:40pM, from the causes and on the date stated above.
SIGNATURE	ADDRESS DATE SIGNED
Jack tchunacher	M.D. Gaithersburg, Md 4/27/55
DEMOVAL (SPECIFY) 11 9 9 55	TERY OR CREMATORY LOCATION (City, town, or county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
REGISTRAR (-1	24. FUNERAL DIRECTOR ADDRESS

BUREAU V. S.

2361 A YAM

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALLEMONE, 48

NAME OF CEMETERY OR CREMATORY

FUNERAL DIRECTOR

Potomac Methodist

COUNTYMONtgomer

(Year)

Hours

USA

Interval Between

Onset And Death

20. AUTOPSY ?

(STATE)

ADDRESS

Bethesda, Md.

LOCATION (City, town, or equity)

Potomac-Montg. Maryland

COUNTRY?

(Day)

Months | Days

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BUREAU V. S.

SG61 TT 8dV



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	03784
CERTIFICATE OF DEATH Reg. Dis	No 214
Item 7. FilmG180 4-28-55 et	t. No
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONTGOMERY MARYLAND STATE A.C. COU	NTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits, write RURAL OR TOWN)	and give nearest town
A COLESTITE.	47x-3
HOSPITAL OR INSTITUTION OR BOSWELL'S NUTSING HOME STREET ADDRESS BOSWELL'S NUTSING HOME 2202 Mass. Ave	. N.W.
3. NAME OF DECEASED: (Type or Print) John (Middle) (Middle) (Last) JACEY (Month) (DECEASED: OF DEATH: HPRIL OF	(Year) 21. 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTI: 9. AGE last birthday: If UNDER 1	YEAR IF UNDER 24 HRS
(Specify): Single 4-21-10/9 /3 yrs.	Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, INDUSTRY: 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
even if the clerk AC. Hesth Aept. Forestrille Md.	UPIA.
13. FATHER'S NAME:	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SPILL SECURITY NO.: 17. INFORMANT & ADDRESS:	an
(Yes. m. or unk.) (If Yes. give war or dates of	. RIJ. 10
110 service) - Ine Uames F. Johovan, Dar	- Bldgyala
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Betwee
450.0 Bron chorneumown (Zerninal)	LI de
Immediate cause (a) DUE TO	
Antecedent causes (s) Can dent decompens whom	4dh
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	
Stating the underlying cause 1884. The Generalized arterios clevors	2 /10
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY)	Yes No (STATE)
SUICIDE OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY OCCUR? While at Not While Work At Work	
22. I hereby certify that I attended the deceased from Ime 24, 1952, to What 21, 1955, that I las	t saw the decease
anve on www	ATE SIGNED
MMu H Lewis MA 1714 K I holom Wish	De 4/21/5-
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or REMOVAL (Specify)	ounty) State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 124. FUNERAL DIRECTOR	ADDIESS
REGISTRAR 1 200 1 100 Chamber Co 1400 Chamber	1. SANW
The state of the s	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03784

1700-30 ST SE

BUREAU V. S.

2561 98 AAA

BECEINED

03785

	CERTIFICAT	E OF DEA	Reg. Dist	. No. 218
I. PLACE OF DEATH:		2. USUAL RESIDE	ENCE (HOME) OF DECEASED:	
COUNTY Montg	MARYLAND	STATE Man	mon bas lar	NTY Monte
CITY (If outside corporate limits, wri	te RURAL LENGTH OF STAY	CITY (If outside	le corporate limits, write RURAL	
OR and give nearest town)	(in this place)	OR		~
HOSPITAL OR	Rural 15yrs	STREET	onsville. Rura (If rural give location	,, ,
INSTITUTION OR STREET ADDRESS		ADDRESS	(11 1010) 8110 1000000	.,
3. NAME OF (First)	(Middie)	(Last)	4. DATE (Month) (Da	y) (Year)
(Type or Print) Egbert		avis	DEATH: apr. 16	19 55
RACE: WII	GLE, MARRIED, S. DATE DOWED, DIVORCED, ecify): Warded Fob	of Birth: 3-1876	9. AGE iast birthday: IF UNDER I	Pays Hours Min.
10a. USUAL OCCUPATIONGive kind of	10b. KIND OF BUSINESS O		(State or foreign country): 12.	CITIZEN OF WHA
work done during most of working life, even if FUTTHEP	Farming	Germanto	mn Md	US A
13. FATHER'S NAME:	1 4111 4116	1 14. MOTHER'S MAI		UDA
		Ka	therine madi	
Charles Davis 15 Was Deceased Ever IN U.S. Armed Force	S? 16. SOCIAL SECURITY No.: 17		TTST	
Yes, no, or unk.) (If Yes, give war or dates	of 16. SOCIAL SECURITY NO.: 17			
service)		Maud Conne	lly Davis, Layto	nsville.Md
	18. MEDICAL CERTIFICAT	ION		Interval Between
		uary Ih	Kart Derein	Missette
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. DU	(b) Arteriose	lerotus	kart Desen	gean
II. OTHER SIGNIFICANT CONDITIONS	(e)			
Conditions contributing to the death bu related to the disease or condition causi	t not			
	OR FINDINGS OF OPERATION			20. AUTOPSY
				Yes No 14
SUICIDE	ACE (Home, farm, factory, street office bldg., etc.)	(CITY OR TOW	N) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While	HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attended		10/05% 114	24 /6 10 t f Wat I last	many the deceases
alive on signature, 1955, an	d that death occurred at /	2 - pun from	n the causes and on the date	stated above.
Jack Alumas	un m.o.	rauter		ur. 18,55
23. BURIAL, CREMATION, DATE THE REMOMANI ESPecify) 4-19-	REOF NAME OF CEMETE	RY OR CREMATORY	Darnestown or co	ounty) (State)
DATE REC'D BY LOCAL REGISTRAL REGISTRAL	R'S SIGNATURE Jorke	24. FUNERAL DIRE Ernest C.	Gartner, Gaither	ADDRESS sburg. Md.

VS. A15

Supply every item of information carefully. The correct write the causes of death clearly and legibly.

4

MARGIN RESERVED FOR BINDING

age is especially important. Physicians: please

WITH

PLEASE WRITE PLAINDY

UNFADING INK.

BUREAU V. S.

2361 0S A9A

BECEINED

2044 Them 7 Film 182 6=10=55	a.l.	03786
3811 Item 7, Film 182 6-10-55 CERTIFICAT	E OF DEATH Reg. Dist.	No. 2 16
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY Montgomery MARYLAND	STATE COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
OR and give nearest town) (in this place) TOWN Bethesda 141 days	TOWN Washington, D. C.	47x-3
HOSPITAL OR The Clinical Center	STREET (If rural give location)	
OSTREET ADDRESS Natl. Institutes of Health	2500 Wisconsin Avenue	V
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (I	Day) (Year)
DECEASED: (Type or Print) Marie Anita	Day OF DEATH: April 2	7 19 55
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
Secretary Federal Government	District of Columbia	U.S.A.
Towar Paral	Ma C:	
James Burch 5. WAR DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Mary Simms	
(Yes, no, or unk.) (If Yes, give war or dates No stated	The medical record. The Clinica	1 Center
18. MEDICAL CERTIFICA		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Hodgkins! D	isease, generalized	3 yrs.
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	(bladder.	20. AUTOPSY?
	fatty liver, hydrops of gall-	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contribution of t	ctory, 21c. WHERE DID (City or town) (Count ,, etc. INJURY OCCUR?	y) (State)
TID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While While at work at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec.	7 , 1954, to Apr. 27, 19 55 that I last	saw the deceased
alive on Apr. 27, 1955, and that death occurred a SIGNATURE Chrocker M. A.		stated above.





PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 3787

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6	7	75	Call	CERTIFICATE	OT	TOTA A TITT
0		1	10%	CENTIFICATE	Or.	DEATH

Reg. Dist. No.

		2. USUAL RESI	DENCE (HOME) OF			Arran I	
COUNTY Montgomery	MARYLAND	STATE Mar	uland COUNT	Mon	tgom	ery	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ROCKVILLE	LENGTH OF STAY (in this place)	CITY(If outside or TOWN RC	e corporate limits, wri	te RURA	L and g	ive neare	st town
HOSPITAL OR 13 Dale Drive		STREET ADDRESS]	3 Dale Drive	lve location	on)	1	
3. NAME OF (First) (Mic S. (Type or Print)	DAY	(Last)	4. DATE (Mo	Apri	(Day) 1 14	(Ye	55
5. SEX: 6. COLOR OR 7. SINGLE, MARK WIDOWED, DIV (SPAN DE COLOR OR	VORCED	ог віктн: 31, 1882	9. AGE last birthday 73 yrs.	Months 2		Hours	Min.
work done during most of working life, OR	d of business industry: mans Marke	and the second s	(State or foreign cou	ntry): 1	2. CITI COU	ZEN OF	
James E. Day		14. MOTHER'S Emma	J. Lawson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. So	- Unknown	Adlyn Day	a ADDRESS: -Rockville, N	Λd			
18. MI	EDICAL CERTIFICAT	ION			INT	ERVAL E	ETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADI					ONS	SET AND	DEAT
1120.1	Con	dias fo	e luce			11	- 20
IMMEDIATE CAUSE (A)	o	con /c	- co-ca			10	1000
ANTECEDENT CAUSE (\$)	0.0	2.11	1000 100				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DIFF TO	Core	nary S	hrombos	·			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Core	nay S	hrombon				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Coron	many S	hrombos	20			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE	Coron	many S any Jant	hrombos	· ·			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Coron	many of	hrombos	· · · · · · · · · · · · · · · · · · ·			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE	Coron	many of	hrombos		20 YE	O. AUTO	OPSY1
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDI 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	COTON . OCE (Home, farm, fact RY street, office bldg.,	nan J and N tory. 21c. WHERE INJURY OCC				es 🗌	
DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDI 21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH OF INJUI 21D. TIME (Month) (Day) (Year) (Hour) 21E,	OCOTON OCCURRED NOT WHILE TO NOT WHILE TO	nan J and N tory. 21c. WHERE INJURY OCC		(Co	YE	es 🗌	NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDI 21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E While at wo	NGS OF OPERATION CE (Home, farm, fact RY street, office bldg., INJURY OCCURRED Not while at work	tory. 21c. WHERE etc. INJURY OCC	INJURY OCCUR?		unty)	(Si	no []
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDING CONTRIBUTING CAUSE OF DEATH OF INJURY 21A. ACCIDENT WAS UNDERLYING OF INJURY 21B. PLA OR CONTRIBUTING CAUSE OF DEATH OF INJURY 21C. TIME (Month) (Day) (Year) (Hour) 21E While at wo	NGS OF OPERATION CE (Home, farm, fact RY street, office bldg., INJURY OCCURRED ork Not while at work death occurred at	tory. 21c. WHERE INJURY OCC 21F. HOW DID 7. W. M., from ADDRE	INJURY OCCUR? 1955, the causes and on	that I la	unty)	(St	ate)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDING CONTRIBUTING CAUSE OF DEATH OF INJURY 21A. ACCIDENT WAS UNDERLYING OF INJURY 21B. PLA OF INJURY 21C. TIME (Month) (Day) (Year) (Hour) While at work of the contribution	COTON OCCURRED NOT WHILE THE ALL WORK DEAR OCCURRED NOT WHILE DEARED ALL WORK	tory. 21c. WHERE INJURY OCC DISTRICT TO THE PROPERTY OF CREMATOR	the causes and on ss	that I la	unty) ast saw te state OATE SI	(Solve the deed above (GNED)	ate)



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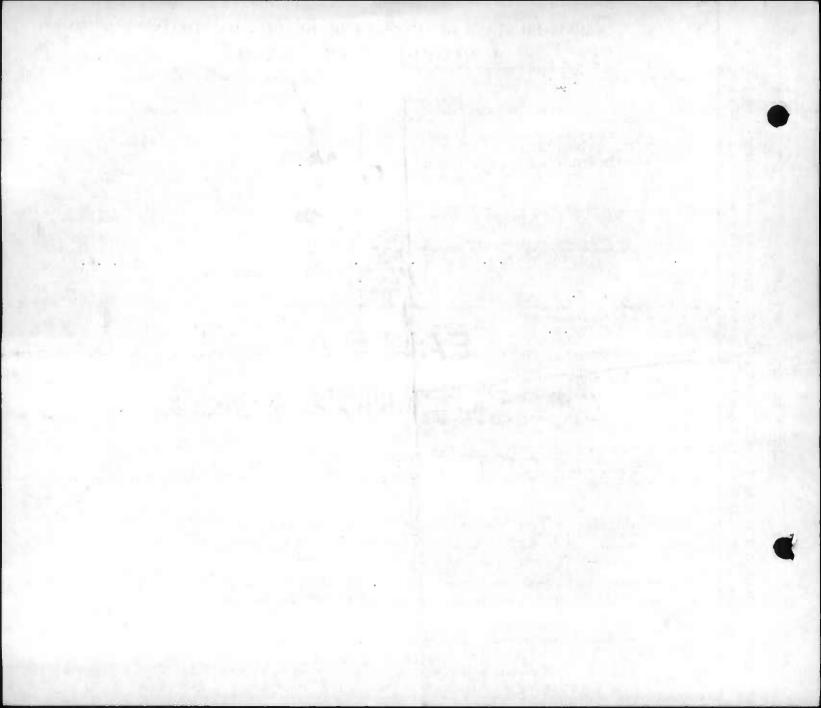
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

VS. A15-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()3788

i 3812	CERTIFIC	CATE OF D	EATH	Reg. Dist. N	lo
1. PLACE OF DEATH:		2. USUAL	RESIDENCE (HOME)	F DECEASED:	
COUNTY Montgomery	MARYLAND	STATE 1	Maryland cour	NTY	
CITY (If outside corporate limits,	write RURAL LENGTH	OF STAY CITY(If	outside corporate limits, w		give nearest town)
X TOWN Bethesda	in this 14 da;	ys TOWN]	Baltimore		3401-4
HOSPITAL OR The Clin STREET ADDRESS National	ical Center Institutes of	Health 505 E.	s 30th Street	give location)	V
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month) (Day) (Year)
(Type or Print) Hugh	Myles	Deise	OF DEATH:	April 14	1955
5. SEX: 6. COLOR OR 7. S	INGLE, MARRIED, INDOMED, DIVORCED, Specify): Married	July 31, 1922	9. AGE last birthd	Months Days	IF UNDER 24 HRS.
NOA. USUAL OCCUPATION (Give kind work done during most of working lieven if retired): Electrician	fe OR INDUSTRY		ACE (State or foreign c		UNTRY?
13. FATHER'S NAME:		14. MOTHE	R'S MAIDEN NAME:		
Hugh Deise, Sr.		Ida Hu	inet		
15. WAR DECEASED EVER IN U.S. ARMED FO		TY NO. 17. INFORM	ANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or Yes of service) W. W. #	dates 215-12-538	4 The med	dical record, Th	ne Clinical	L Center
I DISEASES OR CONDITIONS DIR	16. MEDICAL CEI			IN	TERVAL BETWEEN
HHIX IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANT GIVING RISE TO THE ABOVE CAUS STATING UNDERLYING CAUSE LAS	(A) Hypert	tensive cardiov		e	
	(C)				
II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUS	ED TO THE		JEP		
19a. DATE OF OPERATION: 19s. N	MAJOR FINDINGS OF OF	PERATION			20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH OF INJURY street, o	farm, factory, ffice bldg., etc. INJURY	ERE DID (City or town	n) (County)	(State)
21D. TIME (Month) (Day) (Year) (I OF INJURY	Hour) 21E INJURY OF While Not at work at w	while	DID INJURY OCCUR?		
	HEREOF NAME OF	The C1 M. D. Nations F CEMETERY OR CREM	oom the causes and contest in the causes and contest in the causes and contest in the causes are caused at the causes and contest in the causes are caused at the ca	on the date standard	sted above. SIGNED 4/14/55 Junty) (State)
Burial		8. Nationa	e /	Balto.	nd.
	TRARIS SIGNATURE	24. FUNE	RAL DIRECTOR	SAP	ADDRESS



correct

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()3789

3813

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

I. PLACE OF DEATH:				2. USUAL RESIL	DENCE (HOM	E) OF DEC	CEASED	:	
COUNTY Montgomery	Ţ	MARYL	AND	STATE Mar	vland		CC	OUNTY	Contucme
CITY (If outside corporate lim	nits, write I	RURAL LENGTH	OF STAY		side corporste	limits, write	e RURA	L and gi	ive nearest town
OR and give nearest town)		30 yr	s place)	OR TOWN Ret	hesda				X
HOSPITAL OR		100 1		STREET	ollo Bara	(If rural g	give locat	tion)	1
INSTITUTION OR	totion	Convent		ADDRESS	001 01d	Georg	ratas	un D	500
/T	10.01011	COHVEILE							
3. NAME OF DECEASED: (First) (Type or Print)	n	(Middle)	Do	(Last) (Dovan	4. DATE OF DEATI	(Mont	th) ((D ay)	(Year)
5. SEX: 6. COLOR OR	7. SINGLE	E, MARRIED,	8. DATE	OF BIRTH:	9. AGE last	birthday:			IF UNDER 24 HRS.
Female White	(Specify	ved, divorced,	1-21	-61	9,	yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION. Give	kind of	10b, KIND OF BU	SINESS OR	17 100	E (State or f	oreign cour	ntry):	12. CITI	ZEN OF WHA!
work done during most of work	ting life,	INDUSTRY:	~	7/1		h a =		U.S	
13. FATHER'S NAME:		Religiou	S	14. MOTHER'S MA	AIDEN NAME	.es		UeD	0 17 0
	ONOVA	M							
			N No -1 TA	INFORMANT & A	RET TO	JT IA			
15 WAS DECEASED EVER IN U.S. ARM (Yes, no, or unk.) (If Yes, give war	or dates of	NO	NO.: 17.						
service)		NO	and the second	Convent R	records				
I. DISEASES OR CONDITIONS	DIRECTLY		EATH) te	ent Failure		Diseas	mn		Interval Betwee
	(a) DUE 7	LEADING TO DI	EATH) te	art Failure		Diseas	mn f		Onset And Deat
Immediate cause Antecedent causes (s) Disease or conditions, if any	(a) DUE 7	LEADING TO DI	EATH) te	art Failure		6 Diseas	mn f		Onset And Deat
Immediate cause Antecedent causes (s) Diseases or conditions, if an giving rise to the above caus stating the underlying cause I OTHER SIGNIFICANT CONDICTION CONDICTION CONDICTION CONTINUITY TO THE CONDICTION CONDICTION CONDICTION CONTINUITY CONTINUIT	y, (b) se ast. (c) (c)	TO ot	EATH) Le	art Failure		6 Disens	nn	/0	Onset And Dead
Immediate cause Antecedent causes (s) Disease or conditions, if angiving rise to the above caustating the underlying cause I	(a) DUE 7 y, (b) se ast. DUE 7 (c) ITIONS death but no ion causing	TO ot death,	EATH) fe	nt Failur		6 Disens	mm f	/0	Onset And Deat
Immediate cause Antecedent causes (s) Diseases or conditions, if an glving rise to the above caus stating the underlying cause I OTHER SIGNIFICANT CONDICTIONAL CONDICTION CONTRIBUTION TO CONDICTION TO CONDICTIO	(a) DUE 7 y, (b) se ast. DUE 7 (c) ITIONS death but no ion causing	TO ot death,	EATH) fe	nt Failur		Disens	mm f	/0	Onset And Dead years. 20. AUTOPSY 1 Yes No
Immediate cause Antecedent causes (s) Diseases or conditions, if any glving rise to the above caus stating the underlying cause I 11. OTHER SIGNIFICANT CONDI- Conditions contributing to the related to the disease or conditi 19a. DATE OF OPERATION: 199 21. ACCIDENT (Specify) SUICIDE	(a) DUE 7 y. (b) se ast. DUE 7 (c) ITIONS death but no causing b. MAJOR	ot death. FINDINGS OF OF	PERATION	nt Failure niosclustu	c Hent	(COUNT	mm f	/0	Onset And Dead years. 20. AUTOPSY 1 Yes No
Immediate cause Antecedent causes (s) Disease or conditions, if any glving rise to the above caus stating the underlying cause I OTHER SIGNIFICANT CONDI- Conditions contributing to the related to the disease or conditions. DATE OF OPERATION: 191 21. ACCIDENT (Specify)	(a) DUE 7 y. (b) se ast. (c) ITIONS death but no causing b. MAJOR	ot death. FINDINGS OF OF E (Home, farm, fa office bldg., etc. RY INJURY OCCUR) While at Not	PERATION (ctory, street,	nt Failure niosclustu	(Heart	(COUNT	mm f	/0	Onset And Dead years. 20. AUTOPSY 1 Yes No

VS. A15



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BUREAU V. S.

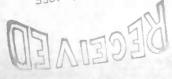
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

16	MARILAND STATE DELARIMEN.	OF MEALIN-BALLIMORE, 18	
Y. T.	3769 CERTIFICATE	OF DEATH Reg. Di	st. No. 223
carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	SED:
carefull legibly.	COUNTY MONTGOMERY MARYLAND	STATE COUNTY	
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neared town) (in this place)	CITY(If outside orporate limits, write RURAI	and give nearest town)
tion	MTOWN Takoma Pank, Md. 34 days	TOWN TREDERICK SOURG	2 83X-3
information clearly and	HOSPITAL OR INSTITUTION OR HAShing ton Janitanium	STREET (If rural give logation ADDRESS PRINCESS	ANNE ST.
of	OECEASED: (Type or Print) Many INEZ Dowe		(Day) (Year) 22, 1955
it of	5. SEX: 6. COLOR OR 1. SINGLE DIAGRES B. DATE WIDOWED DIVORCED (Specify): Control	OF BIRTH: 9. AGE last birthua Ir unora Months Months	Days Hours Min.
causes	VOA. USUAL OCCUPATION (Give kind of two work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 1:	COUNTRY?
Supply te the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
K. Su write	15. WAS DECEASED EVER IN U.S. RIMED FORCES! 18. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS:	
INK.	(Yes, no. or unk.) (If Yes, give war or dates of service)	Hospital admission	Record
DING: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 581.0 IMMEDIATE CAUSE (A) Hemonthag		INTERVAL BETWEEN ONSET AND DEATH
TH UNFA	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	ic reinhoring lives	unterno
WITH it. Phy	STATING UNDERLYING CAUSE LAST.		
W int.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
LY,	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
PLAINLY, W	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
E .E	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory, 21c. WHERE DID (City or town) (Corete. INJURY OCCUR?	unty) (State)
× 00	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
o e	22. I hereby certify that I attended the deceased from 3.20	3379 , to 4 225319 , that I le	ast saw the deceased
TYPE rect ag	alive on 7, 2235, 19, and that death occurred at	7 4 8 10	e stated above. ATE SIGNED
SE TY	INDUITE OF	RY OR CREMATORY LOCATION (City town,	
EAS	23 BURIAL CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) Apr. 26, 1955	Fredricksbur	1. Va
PL	DATE REC'D BY LOCAL REGISTRARYS SIGNATURED	THE FUNERAL PHRECTOR	ADDRESS

VS. A15 -- 10 - 53

MARGIN RESERVED FOR BINDING





VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	MARYLAND STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
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(13791 Reg. Dist. No. 223

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2-2-3

- 7		
-	1. PLACE OF DEATH:	AL RESIDENCE (HOME) OF DECEASED:
	COUNTY MARYLAND ST.	ATE Md. COUNTY CES
	OR and give nearest town) (in this place) OR	Y (If outside corporate limits write RURAL) and give nearest town)
		A CONTRACTOR OF THE A
1		RESS 2/25 Gulford Rd.
	3. NAME OF DECEASED: (Type or Print) Davin Dlam Ellio	4. PATE (Mouth) (Day) (Year) DEATH 4 6 19
	5. SEXT 6. COLOR, OR 7. SINGLE, MARRIED, 8. DATE OF BI WIDOWED, DIVORCED, (Specify) (Specify) (Specify)	RTII: 9. AGE last birthdy: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired)	BIRPHPLACE (State or foreign country): 12. CITIZEN OF WHAT
	13. FATHER'S NAME:	THERE MAIDEN NAME:
	Jours Hove White	adie Mystle Jones.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFO	DRMANT & ADDRESS: 116 Bouling Red
	service) Have	y White, Fallo-Chunch, Va.
	18. MEDICAL CER	IFICATION INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
	Immediate cause (a)	
	Antecedent cause(s)	. (1.0 1
	Diseases or conditions, if any, (b)	noma (bilatral)
	giving rise to the above cause DUE TO stating underlying cause last	
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes No 🗆
	PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY	(City or town) (County) (State)
	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work \[\begin{array}{c ccccc} & & & & & & & & & & & & & & & & &	. HOW DID INJURY OCCUR?
	22. I hereby certify that I took charge of the remains described about	
	find that death resulted from: Natural causes Accident	, Suicide □, Homicide □, Undetermined cause □. CHIEF MEDICAL EXAMINER □ DATE SIGNED
-		DEPUTY MEDICAL EXAMINER D. ASSISTANT MEDICAL EXAM.
1	BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	
U	BREMOVAD (Specify): 4-20-55 Columntary Nation	nal arlington Va.
		UNERAL DIRECTOR
	4. Pg 55 (mander d) rurey of.	Jasens Some Hyallande, Mc.
	4-10-55 F. Wilson North Hor	

OSIVUED SUU

BUREAU V. S.

SIGNATURE

0

DATE REC'D BY



BUREAU V. S.

DATE REC'D BY LOCAL REGISTRAR

155

REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03793

3815 CERTIFICATE OF DEATH

Reg. Dist. No. 216

8434 Ga. ADDRESS

		· · · · · · · · · · · · · · · · · · ·
ly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
legibly	COUNTY Montgomery MARYLAND	STATE Maryland county Montgomery
e	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
	OR and give nearest town) (in this place)	OR
and	X TOWN Bethesda 20 hrs.	TOWN Silver Spring 56
	HOSPITAL OR	STREET (If rural give location)
3L	MINSTITUTION OR Suburban Hospital	ADDRESS 10,320 Old Bladensburg Road
clearly	ASTREET ADDRESS DATE OF THE STATE OF THE STA	Lo, 720 old Diagonsoule node
		(Last) 4. DATE (Month) (Day) (Year)
the little	DECEASED: (Type or Print) EMILY JEAN	FARQUHAR DEATH: APRIL 4 19 55
death	5. SEX: [6, COLOR OR 7. SINGLE, MARRIED, 8. DATE	55.77
of	RACE: WIDOWED, DIVORCED,	The state of the s
	Female White (Specify): Married June	7, 1881 73 yrs. Months Daye Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
in:	work done during most of working life. OR INDUSTRY:	COUNTRY?
2	even if retired): Homemaker Own home	Washington, D. C. U.S.A.
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
43	'Philip Kraft	Annie Lee
write	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
W	(Yes, no, or unk.) (If Yes, give war or dates	Mr. Roger B. Farquhar, 10,320 Old
	of service)	Wr. Roger D. Farquiar, 10, 520 Old
please	18. MEDICAL CERTIFICAT	Silver Spring, Monset and Death
ole	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Silver Spring, Monset and Crath
	420.1	1 1 - 1 0 . 1
103	IMMEDIATE CAUSE (A) Coronary	Themhoris & new reaction 24 hrs
Physicians	DUE TO . and as a	ion + dry lus o o
ic.	ANTECEDENT CAUSE (S)	
ys	DISEASES OR CONDITIONS, IF ANY, (B)	ed arthropelerous - 10 yrs
h-	STATING UNDERLYING CAUSE LAST. DUE TO	1
	(C) Proceeding	ino cardio-vare dis. 10ms.
nt	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
4	TO THE DEATH BUT NOT RELATED TO THE	
100	DISEASE OR CONDITION CAUSING DEATH.	
important.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES NO TO
especially		
2	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	
oec	(IF EITHER, NOTIFY MEDICAL EXAMINER)	MONT COOK!
Sp	21F. HOW DID INJURY OCCUR?	
	OF INJURY While While at work at work	
Se	22. I hereby certify that I attended the deceased from 3 47	1, 1955, to THAN, 1955 that I last saw the deceased
8	-1i	9:45 A, from the causes and on the date stated above
ب	alive on 4.1955, and that death occurred at	ADDRESS DATE SIGNED
correct	Part P	Character Con Manual Asigned Property 1975
orı	cures curry Harrion M	. D.750/ Colesand par my the chip
0	23. BURIAL, CREMATION, DATE THE SEOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, of county) (State)
1164	Burial 4/6055 Friends Cemet	tery Montgomery County, Md.
	AUG I COLL	

OBALIT SEV

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

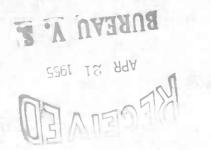
DATE REC'D BY LOCAL REGISTRAR 4/18/55

ADDRESS Md.

. The	3816 CERTIFICATE	OF DEATH Reg. Dist.	No. 216
carefully.	100	2. USUAL RESIDENCE (HOME) OF DECEASED	
are	COUNTY / VION/ GOMETY MARYLAND	STATE Marylan COUNTY MON	
tion ca	CITY (If outside corporate limits, write AURAL CHARTH OF STAY OR and give nearest town) TOWN CITY (If outside corporate limits, write AURAL LENGTH OF STAY OR STAY O	CITY(If outside corporate limits, write RURAL at OR TOWN SILVEY SPIN	nd give nearest town)
of information carefully ath clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburhan	STREET (If rural give location) ADDRESS 12050 ValleyWo	od Drive
em of inf death cl	3. NAME OF DECEASED: (First) Colista Fari	ast) 4. DATE (Month) OF DEATH: April	Day) (Year) 13 19 55
ite		2,1893 9. AGE last birthday Months D	ear If under 24 Hrs. Bays Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	mass.	COUNTRY?
ipply the	13. FATHER'S NAME:	Mary argheris	0
INK. Su	IS. WAS DECEASED EVER N U.S. ASMED FORCEST (Yes., po, or unk.) (17 Yes, give war or dates of service) 16. SOCIAL SECURITY NO.	12.050 Valleyword Drine, Siles	nor Rossic
WITH UNFADING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 592 X IMMEDIATE CAUSE ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Momentonephitis	House 10 Mars
, WI ant.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
Por	DISEASE OR CONDITION CAUSING DEATH.		
. 7	19A. PATE OF OPERATION: 19B. MAJON FINDINGS OF OPERATION	Pherma	YES NO
/RITE PL	21A. ACCIDENT WAS UNDERLYING 2/8. PLACE (Home) farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street office bldg., et (If EITHER, NOTIFY MEDICAL EXAMINER)	ry, 21c. WHERE DID (City or town) (Count tc. INJURY OCCUR?	ty) (State)
50	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
OR ie	22. I hereby certify that I attended the deceased from Jan.	1 , 1955, to Opr 15, 1955, that I last	saw the deceased
TYPE rect ag	alive on apr. 15, 1955, and that death occurred at	7:60 M, from the causes and on the date ADDRESS DAT	stated above. re signed
SE 7		D. OLLO GEORGIA AVE, SILVET Spring	county) (State)
EAS	DEMOVAL MORGIEV	hurch Cemetery Randolph, Mass.	(Norfolk Co
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

A15 - 10 - 53

MARGIN RESERVED FOR BINDING



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH COUNTY STATE (If outside corporate limits, write RURAL) CITY(If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this/place) OR and give nearest town) OR TOWN TOWN If rural give location) STREET HOSPITAL OR ADDRESS INSTITUTION OR STREET ADDRESS INWOO (Middle) (Last) DATE (Month) (Day) (Year) 3. NAME OF OF DECEASED DEATH: 19 (Type or Print) COLOR OR 7. SINGLE. MARRIED 8 DATE OF BIRTH: 9. AGE last birthday AF UNDER I YEAR IF UNDER 24 HRS. 5. SEX: WIDOWED, DIVORCED RACE: Months 3 Days 2] (Specify) yrs. 112. CITIZEN OF WHAT IOA. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): work done during most of working life. OR INDUSTRY: COUNTRY? even if retired): LOVA 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unk.) (If Yes, give war or dates 578-10-3167 of service) MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH LAD IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 10 DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION AUTOPSY? 20. NO 4 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) 21A. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) While Not while OF INJURY at work at work 22/1 hereby certify that I attended the deceased from 195/, to/ 15, 1955, that I last saw the deceased 55, and that death occurred at 1:25 P M, from the causes and on the date stated above. alive on Min DATE SIGNED ADDRESS SIGNATURE LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY (State) 2 BURIAL CREMATION DATE THEREOF REMOVAL (SPECIFY) Rockville Maryland 4/18/1955 Parklawn Burial FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR

Bethesda, Md.

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BUREAU V. S.

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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 2

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 2/6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONIGOMEY U MARYLAND	STATE COUNTY	47x-3
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN / /) 3 Shakes a second control of the corporate limits write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR SUBUY DAM	STREET ADDRESS 948 (If rural, give location)	ve.NF
3. NAME OF DECEASED: (First) (Middle) (Middle) (Type or Print) Samuel Morgan	(Last) 4. DATE (Month) (Day OF DEATH ADY)	19 55
Male RACE: WIDOWED, DIVORCED, Jun	CA3 1076 30 yrs.	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WILAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) (15. Social Security No.:	Mrs. Ella Hodge Lan	dlady
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Seft intracere	ebral hemorrhage	Fewhering
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last	sis, Cerebralarterier	2 years
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	exensive Heart Disease	Zyears
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 21b. PLACE (Home, farm, factory OF street, office bldg., etc.	.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes A. Acciesionature		
REMOVAL (Specify): 4-20-55 William 6	MAD CONDUCTOR LOCATION (City, town, or co	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 4/18/55	24. FÜNERAL DIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3820 CERTIFICATI	E OF DEATH	Reg. Dist. No. 214
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOM	E) OF DECEASED:
COUNTY MON 1907 CITY (If outside corporate limits Trite RURAL) LENGTH OF STAY	CiTY(If outside corporate limi	OUNTY ts write RURAL and give nearest town)
TOWN Silver Spring . (in this place)	Town Washin	dton IC
nospital or institution or maple lang Santynus	STREET ADDRESS Quinta	na Pl. nw.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) TIPLE	OF OF	TH: Hpril 8 1955
5. SEX; 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mairied	OF BIRTH: 9. AGE last bi	rthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
work done during most of working life. even if retired):	I Ill.	gn country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAM	E: /
Moore - John C	lanelle	Lisco
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. Informant & address:	ison 80 & quentino
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ia of Cerebr	onset and Death
ANTECEDENT CAUSE (5: DUE 12) Cerebro	o-selerosis	Undetermine
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	lizad Arteriosal	erosis Undetermined
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	oc Failure	Litis Uncleterund
194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	in- insperable	20. AUTOPSY? YES NO TO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory. 21c. WHERE DID (City or , etc. INJURY OCCUR?	town) (County) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		UR7
22. I hereby certify that I attended the deceased from	730195 to 190 J, 19	that I last saw the deceased
alive on 7, 195, and that death occurred at		nd on the date stated above.
	1. D.Silve Spring	Med Har 5,1953
23 BURIAL CREMATION, DATE THEREOF NAME OF CEMET NEMOVAL SPECIFY) 4-12-55 NUMBER	10. 1. 7	ON (City) town/or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	1 24 FUNERAL DIRECTOR	1/2 4812 Sa On
Mil 9-55 Trances Soller	May Julia	Nouse !! He

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

VS. A15-10-53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.				
MEDICAL EXAMINER'S CERT	TIFICATE OF DEATH No	216		
. PLACE OF DEATH:	. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY MONTGO MERYLAND MARYLAND	STATE TO STATE COUNTY WOULD.			
OR and give negrest town CSAA (in this place)	CITY (If outside corporate limits write RURAL and give OR TOWN Tacoma Park	nearest town)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS JUDY BAN HOSPITAL	ADDRESS 904 Cale Eve .	/		
NAME OF DECEASED: (Type or Print) Second Conkley	Last) 4. DATE (Month) (Day) OF DEATH OF (Year) 19 5 5		
MACE: W WIDOWED, DIVORCED, aug.	36, 1890 64 yrs. Months Days	F UNDER 24 HRS. Honrs Min.		
work done during most of work life, industry: even if retired): All Noom forms with the life with th	Kentucky and	ZEN OF WHAT NTRY?		
George Washington Tray	Sara Clijabeth meredith			
15. WAS DECEASED EVER IN U.S. ABOVED FORCES? [16. SOCIAL SECURITY NO.: 17 (Yes, no, oblink.)] (If Yes, give was or dates of service) W. War 1 20-34-8279	INFORMANT & ADDRESS:	904 Calelino		
18. MEDICAL	CERTIFICATION	may 4		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	/) INT	SET AND DRATH		
Inmediate cause (a) Coronary Occh		ddu		
Immediate cause (a) DUE TO	17	with.		
Antecedent cause(s)				
Diseases or conditions, if any, (b)				
giving rise to the above cause DUE TO stating underlying cause last				
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,				
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		AUTOPSY? Yes No No		
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY		(State)		
2Id. TIME (Month) (Day) (Year) (Hour) 2Ie. INJURY OCCURRED While at Not while INJURY M. work \(\begin{array}{cccccccccccccccccccccccccccccccccccc	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and				
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .				
SIGNATURE	DEPUTY MEDICAL EXAMINER	/J= "J		
28/BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY		(State)		
REMOVAL (Specify):	of France of A Grang Ad	(5/1/1		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL MIRECTOR	ADDRESS		
REG. 4/16/55 Bessie M. Chomberon	HNOWER DALLESS >54 6a	rell STNW		
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/	Takonia	000/2/1/-		

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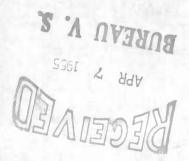
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3823 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALT	TMORE, 18		Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE	OF DE	CATH	No. 2-15
1. PLACE OF DEATH: 2. USUAL RESIDENCE	E (HOME) OF DE	CEASED:	
COUNTY MONTHY MARYLAND STATE Md.	COUNTY	monta	
CITY (If outside corporate limits, write RURAL OR and give, nearest town) TOWN LENGTH OF STAY CITY (If outside corporate limits, write RURAL (in this place) OR TOWN TOWN TOWN TOWN	Then to	e RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GATHER ADDRESS GATHER Rd.		give location)	7
3. NAME OF (First) (Middle) (Last). DECEASED: (Type or Print) Albert Clark Grazier	4. DATE (MOOF DEATH CL	onth) (Day)	ni-
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 3. January 9-6-1886	AGE last birthday	Months Da	
work done during most of work life, even if retired): Inspector 10b. KIND OF BUSINESS OR 11. BIRTHPLACE INDUSTRY: Otale Read	(State or foreign o		COUNTRY!
13. FATHER'S NAME: 14. MOTHER'S MAID	EN NAME: Yeager		
15. WAS DECEASED EVER IN U.S. ARMEN FORCES? (Yes, no, or unk.) (If Yes, give war of dates of service) 16. SOCIAL SECURITY No.: 17. INFORMANT & AD Mary Large.	V	ne ac I	ten in
Induction of the conditions directly leading to death: Immediate cause (a) (a) (b) (a) (b) (a) (b) (b) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions. If any. (b)			auast
giving rise to the above cause DUE TO stating underlying cause last (c)			
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:			20. AUTOPSY? Yes No No
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY) (Cour	nty)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work 21f. HOW DID INJURY OCCUR			
22. I hereby certify that I took charge of the remains described above, held an	Autopsy [], Ins	spection 🖫,	Inquiry Z, and
DEPUTY	, Homicide MEDICAL EXAM MEDICAL EXAM ANT MEDICAL EX	NER INER	mined cause DATE SIGNED
23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVEL (Specify): 4-/6-55 Marrior's Mark,	Marrior	s Mark	Pa-
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRE	Gartru	2 Fait	Lewbury

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 9 FilmG180 4-20-55 et 1. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Montgomery COUNTY Mont MARYLAND STATE CITY (If outside corporate limits, write RURAL| LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) CITY and give nearest town) OR (in this place) TOWNPOTOMAC, Md. TOWN Potomac HOSPITAL OR STREET (If rural give location) INSTITUTION OR STREET ADDRESS ADDRESS Councilman Lane 3. NAME OF 4. DATE (Month) (Day) (Year) (Middle) (Last) (First) DECEASED: GUY GREER 4-12-1955 (Type or Print) DEATH: 9. AGE last birthday: IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: RACE: WIDOWED, DIVORCED. Months Davs Hours (Specify): Married White 10a. USUAL OCCUPATION Give kind of 11. BIRTIIPLACE (State or foreign country) : 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? work done during most of working life. INDUSTRY: even if retired): Economist US Gov't HFA Caroline 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Emily Yates George W. Greer 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of Jeanne K. Greer, Potomac, Md service) 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Immediate cause Antecedent causes (s) Physicians Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No (COUNTY) (STATE) 21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (Specify) OF office bldg., etc.) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While INJURY Work At Work , 19, that I last saw the deceased 22. I hereby certify that I attended the deceased from SS, 19 M. from the causes and on the date stated above. alive on, and that death occurred at (Degree or title) BURIAL, CREMATION, REMOVAL (Specify), Cremation LOCATION (City, town, or coulty) (State) Ceday N.11 Apr 15, 1953 RIMOPEN ADDRESS DATE REC'D BY LOCALI REGISTRAR'S

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BUREAU V. S.

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VS. A15-10-53

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'. Th	3825 CERTIFICATE OF	DEATH Reg. Dist. No. 2/4
full;	1. PLACE OF DEATH: 2. US	UAL RESIDENCE (HOME) OF DECEASED:
careful	COUNTY/110/4/90/nery MARYLAND STA	ATEDISTRICT COLOMBIA
cs 1 le	CITY (If outside corporate limits write RURAL LENGTH OF STAY OR and give nearest town) (in this place) OR	Y(If outside corporate limits, write RURAL and give nearest town)
tion	X TOWN KENSINGTON'	NN Wishington 47x-3
nformat clearly	INSTITUTION OR TO ADD	REET (If rural give location) 30 January Pl
m of in	3. NAME OF (First) (Middle) (Last) DECEASED: (Type or Print) AMMIC.	4. DATE (Month) (Day) (Year) OF DEATH: PRI' 10 1955
ite	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIR WIDOWED, DIVORCED. (Specify) welcomed.	
causes	work done during most of working life, or INDUSTRY: even if retired): Hussurfe	THPLACE (State or foreign country): 12. CITIZEN, OF WHAT COUNTRY?
supply e the	13. FATHER'S NAME: 14. MC	MON
. E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY No. 17. IN	FORMANT & ADDRESS:
INK ise w	(Yes, no, or unk.) (If Yes, give war or dates of service)	ANCHAITH 38 FARRAGAT PL N.W.
UNFADING I	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
AD s:	IMMEDIATE CAUSE (A) WARDO IVA	Strong is laily a from
TH UNFAI	ANTECEDENT CAUSE (S)	
U	DISEASES OR CONDITIONS, IF ANY, (B)	Jero: Lenilsed WAC:
Phy	GIVING RISE TO THE ABOVE CAUSE DUE TO	
Proof.	(c) Devilil	4/
- 6	TO THE DEATH BUT NOT RELATED TO THE	8 vp 1 m
AINLY, Wimportant.	DISEASE OR CONDITION CAUSING DEATH.	o Carpelilhieder Mi
7	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	26) AUTOPSY?
-		. WHERE DID (City or town) (County) (State) URY OCCUR?
E	OF INJURY M. Zie INJURY OCCURRED 21F. While Not while at work at work	HOW DID INJURY OCCUR?
ge is	22. I hereby certify that I attended the deceased from 1/29, 19	53 to 4/6 , 1955, that I last saw the deceased
च क	alive on	M, from the causes and on the date stated above. ADDRESS DATE SIGNED
	Dombelly M.D.	
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, town, or county) (State)
PLEA	REMOURL + BURIAL 7/12/55 2 [. GEORGE (hA	OEL. LEWES DELWARE
PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24.1	FUNERAL DIRECTOR ADDRESS
	4-7-55 Frances Votter 1/h.	E SH. HINES CO 2901-14 de SINOL
		Washing Ton D.O

DECEIVED V. S. BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2000

CEPTIFICATE OF DEATH

55.50 CERTIFICAT	Reg. Dist.	No. 2 /7
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED);
county Montgomery MARYLAND	STATE Maryland county Montg	comery
CITY (If outside corporate limits, write RURAL (in this place) OR and give nearest town) Olney 7 days	AY CITY(If outside corporate limits, write RURAL at	
HOSPITAL OR Montgomery County	STREET (If rural give location)	1
STREET ADDRESS General Hospital, Inc	ADDRESS	
3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (I OF DEATH: April	(Year) 5 1955
RACE: WIDOWED DIVORCED.	TE OF BIRTH: 9. AGE last birthday Months D yrs.	ays Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) HOUSEWITE		CITIZEN OF WHA COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Augustus Parker	Barbara	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital Record	
18. MEDICAL CERTIFIC		INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Der Dyrcxia	A Lay
ANTECEDENT CAUSE (S)	AT 1 11/1	1.1.1
GIVING RISE TO THE ABOVE CAUSE DUE TO	CBLO LIZERIAN Merrain	IDOMIS
STATING UNDERLYING CAUSE LAST. (C)	settening lake mich hung	WY)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERAT	ION	20. AUTOPSYT
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	factory, 21c. WHERE DID (City or town) (Count ig., etc. INJURY OCCUR?	y) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURR While While at work at work	RED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1917, to 4/5 , 165, that I last	saw the decease
alive on . 4.4 , and that death occurred	at 45 AM, from the causes and on the date :	
23 BURIAL, CREMATION. DATE THEREOF NAME OF CEM	ETERY OR CREMATORY (OCATION (City, town, or	county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR Deludib.	Color L. Former Por	ADDRESS I

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MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 03805			
: 3827 CERTIFICATE	h 1 / 0			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY MONTGOMEYY MARYLAND	STATE MAYU and COUNTY Mantgamery			
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest town)			
TOWN De the Sola 5 days	TOWN Bethesda x			
HOSPITAL OR	STREET (If rural give location)			
ASTREET ADDRESS SUBUY ban	ADDRESS 3. Bradley Blud.			
DECEASED: DILLE TA TARRY	(Last) 4. DATE (Month) (Day) (Year) OF ADY			
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE iast birthday ir under 1 year ir under 24 Hrs.			
Male White Specify Widowed	yrs. Months Days Hours Min.			
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. QR INDUSTRY: Feet even if retired) Sacsman	Ruthersord, New Dersey 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME: HAYRYPAVPS	14. MOTHER'S MAIDEN NAME: Swazey.			
B. WAS DECEASED EVER IN U.S. ARMED FORCEST 16, SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
(Yes, no, or unk.) (If Yes, give war or dates no for service)	daughter. Mrs. Theodore Woolsey			
18. MEDICAL CERTIFICAT				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
1420./ IMMEDIATE CAUSE (A) MARSINE	embolis left bulmans artery 5 days			
ANTECEDENT CAUSE (8)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS OR COND				
STATING UNDERLYING CAUSE LAST. (C)	raidial in lastina 7months			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 (1 La Antatu			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ed qui l'artirios elevoris d'artiron			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY2			

> 20. AUTOPSY? NO

> > (County)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

OF INJURY street, office bldg., etc. (Hour)

21c. WHERE DID (City or town) INJURY OCCUR?

(State)

21D. TIME (Month) (Day) (Year) OF INJURY

21E INJURY OCCURRED
While Not while at work at work

21B. PLACE (Home, farm, factory,

21F. HOW DID INJURY OCCUR?

1955, to , 1955, that I last saw the deceased 22. I hereby certify attended the deceased from

55, and that death occurred at 10/2 A.M., from the causes and on the date stated above.

ADDRESS

DATE SIGNED alive on SIGNATURE

23. BURIAL, CREMATION, DATE THERE REMOVAL (SPECIFY)

NAME OF CEMETERY OR CREMATERY

LOCATION (City, town, or county)

Ridgefiel Transit urial PUNERAL DIRECTOR DATE REC'D BY LOCAL SIGNATURE REGISTRAR'S

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BUREAU V. S.

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PLEASE

	The	MARYLAND STATE DEPARTMEN'		03806
		3771 CERTIFICATE	E OF DEATH Reg. Dist.	. No. 223
1	carefully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
	carefull legibly.	COUNTY Montgomery MARYLAND	STATE Virginia COUNTY a/h	asmarle,
X		CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL at	nd give nearest town
	tion	17 TOWN TAKOMa Park	TOWN Chartoffes ville	83 x - 3
1	information clearly and	HOSPITAL OR Washington Danitarium	STREET (If rural give location)), /
	info	3. NAME OF (FisQue) (Middle)	(Last) 4. DATE (Month) (I	Day) (Year)
1	of ath	DECEASED:	rper OF DEATH: 4-2	2 1955
		5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
		Fe RACE: WIDOWED. DIVORCED. 2/5/	1891 64 yrs.	ays Hours Mln.
rh	causes	10A. USUAL OCCUPATION (Give kind of North done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
BINDING	61	even if retired): Hay jewife	District & Columbia A	merican
[2]	Supply te the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BIL	Su	Richard Henry Hudson	Bertha Hammer	
	W.r.i	15. Was Deceased Even in U.S. Armer Forces: 18. Social Security No. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	1
FOR	Se IN	NO of service)	HOSPILL RECORD	15
Q	NG	18. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
RESERVED	DIN :	157X	+ 6 1. F.	ONSET AND DEATH
E	A w	IMMEDIATE CAUSE (A) Couge	slive Cerdiae acture	Serminal
ES	INF	ANTECEDENT CAUSE (8)	. + .	
	TH UNF	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	ellou	3 ness.
ARGIN	WITH	STATING UNDERLYING CAUSE LAST.	PIP.	7
AR	W nt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	uly-(a) vancreas	6 mos:
M	,Y,	TO THE DEATH BUT NOT RELATED TO THE		
	AINLY, Wimportant.	DISEASE OR CONDITION CAUSING DEATH		. AUTOSOVO
	4	Feb 1955 (Orremania)	Pauereas.	20. AUTOPSY?
	PL	21A ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact	ory. 21c. WHERE DID (City or town) (Count	ا ا
)	/RITE PI	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	,, (5,000)
1	WRIT	21D. Time (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?	
	R V is	M. at work at work	1 - 11	
	0 0	22. I hereby certify that I attended the deceased from		saw the deceased
23	田田田	alive on 4/22, 1953, and that death occurred at	Z 25 P M, from the causes and on the date s	stated above.
10 -	TYF	SIGNATURE SIGNATURE	ADDRESS PAR DAT	re signed

LOCATION (City, town, or county) 23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DURIAL DATE THEREOF NAME OF CEMETERY OR CREMATORY

LOCAL

STATE OF THE STATE OF THE STATES

BUREAU V. S.

APR 25 1955

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2000

CERTIFICATE OF DEATH

Bethesda, Md

50.28 CERTIFICAT.	E OF DEATH Reg. Dist.	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY MONTANA MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE Md. COUNTY Mont	gomeny
OR and give nearest town) (in this place) TOWN	OR TOWN Chay Chase	(v)
HOSPITAL OR INSTITUTION OR	STREET 3809 (If rural give location)	,1
A STREET ADDRESS SUBUY ban	honnapp	e 51.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) PA A Vinciple	ARRIS 4. DATE (Month) DO OF DEATH:	F- 9-
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE		
Fende white (Specify): Widow 11-	18 - 18 76 TE yrs. Months Da	2
work done during most of working life, even if retired): Housewife Own Home	11. BIRTHPLACE (State or foreign country): 12. C	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME	43
Charles GRAY	Mary Williams Minor	
(Yes, no, or unk.) (If Yes, give war or dates of service) NO 16. Social Security No. NO NO NO NO NO NO NO NO NO N	Mrs. W.Z. Hund - Sister	
18. MEDICAL CERTIFICA	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
HIMMEDIATE CAUSE (A) DUE TO	ine heart failure, chroice	3 years
DISEASES OR CONDITIONS, IF ANY, (B)	intic heart desires and	unkning
STATING UNDERLYING CAUSE LAST. DUE TO	elas demage	
(C)	٥	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH	DN	20. AUTOPSY?
		YES NO TO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, farm or contributing 21b. PLACE (Home, farm, farm	ctory. 21c. WHERE DID (City or town) (County ,, etc. INJURY OCCUR?) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	D 21F. HOW DID INJURY OCCUR?	A LEADING
22. I hereby certify that I attended the deceased from O	, 1953, to 10 april, 19 55, that I last	saw the deceased
alive on 10 april, 1955, and that death occurred at	P M, from the causes and on the date s	tated above.
Hubert Western &	M. D. 5029 Betherda Cive.	10 apr 55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETREMOVAL (SPECIFY) Burial 4-13-55 Mt. Oliv	vet Frederick, Fred	C = 1/12
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

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OR WRITE PLAINLY, WITH

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DATE REC'D BY LOCAL

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Supply every item of information carefully.

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3829

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PLEASE TYPE

CERTIFICATE OF DEATH

Reg. Dist. No. 2 16

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D;
COUNTY (MONTGO MERY) MARYLAND	STATE D. C. COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN LENGTH OF STAY (in_this place)		and give nearest town)
HOSPITAL OR INSTITUTION OR TISTREET ADDRESS Suburban	STREET (If rural give location)	x 2 111
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	Day) (Year)
DECEASED: (Type or Print) Leorge Michael Ha	Verstock OF April	13 19 35
5. SEX: 6. COLOR OR()7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, (Specify)	OF BIRTH: 9. AGE last birthda IF UNDER 1	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life. A even if retired examine General accounting 13. FATHER'S, NAME:	Da 2424	1.S.A.
John C. Haverstock	Amanda Bushe	V
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS Mis. Mys.	the Haversto
18. MEDICAL CERTIFICAT	TION	INTERVAL PETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) DUE TO	- dialogother	8 weeks
ANTECEDENT CAUSE (8)	The Therefore	11
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	1-1	
(c)	Maurichorns	52us
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		70
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		0
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOBSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?	
OF INJURY While M. While at work at work		
22. I hereby certify that I attended the deceased from	15, 1953, to pril 13, 1955, that I last	t saw the deceased
alive on DII//3, 1955, and that death occurred at		stated above. TE SIGNED
	4.D. 5516 Neb. Ave 4-	14-55
23. BURIAL, CREMATION, DATE THEREOF, NAME OF CEMET REMOVAL (SPECIFY) (1) 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	TERY OR CREMATORY LOCATION (City, town, o	r county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

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BINDING	
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MARGIN	

	The	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	03809
		3830 CERTIFICATE OF DEATH Reg. Dist.	No.
	carefully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	:
	careful	COUNTY Mentgemery MARYLAND STATE Florida COUNTY	
		CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) CITY (If outside corporate limits, write RURAL at the corporate limits at the corpora	nd give nearest town)
	tion	X TOWN Bethesda 2 days Town Fort Pierce	48x-3
M	m of information death clearly and	HOSPITAL OR The Clinical Center INSTITUTION OR STREET ADDRESS National Institutes of Health	1
	in h c		(Year)
	of of	(Type or Print) RICHARD CHAFTES HAYNSWOTCH, 01. DEATH:ADTIL	1955
	ite	(Specify): Single October 30, 1743 9 yrs. 5 174	Hours Min.
Ç	causes	work done during most of working life, OR INDUSTRY:	S.A.
A C	the c	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
Z	Supply te the c	Richard Haynsworth, Sr. Jacqueline Hucks	
OR B	K.	15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, po, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: The Medical record, The Clinical record, The C	1 Center
MARGIN RESERVED FOR BINDING	ADING IN s: please	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
ER	AD	2043 Intra-cerebral hemorrhage right hemisphere	
ES	UNF	ANTECEDENT CAUSE (S) DUE TO With extension to ventricles	
24		DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DIE TO	
GIL	WITH it. Phy	STATING UNDERLYING CAUSE LAST.	THE LINE
MAR		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Aspiration pneumonia, focal, all	
	NL	DISEASE OR CONDITION CAUSING DEATH. 1008	
	4	None	YES NO
		21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (Country of the country of	y) (State)
(6)	> 70	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
	OR e is	22. I hereby certify that I attended the deceased from April 12 1955, to April 11, 1955, that I last	saw the deceased
65	चि क	alive on April 14 , 1955, and that death occurred at 12 North from the causes and on the date s	stated above.
10 -	SE TYPE	THE CITITUEL CENTER.	E SIGNED
	SE	M. D. National Institutes of Health 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or	county) (State)
A15	PLEAS	Burial-Transit 4-15-55 Ft. Pierce Ft. Pierce, Flor	rida
VS. A	PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS hesda, Md.

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BUREAU V. S.

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OBAMBO SA SECTION ED

		MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	03810
1	. The	3831 CERTIFICATI		st. No. 214
/	efully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
1	sarefull legibly.	COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Mont	gomerv
6	•	CITY (If outside corporate limits, write RURAL CORP and give nearest town) STOWN SILVER Spring (in this place)	CITY(If outside corporate limits, write RURAL OR Silver Spring	
M	information clearly and	HOSPITAL OR INSTITUTION OR 708 Philadelphia Avenue	STREET (If rural give location ADDRESS 8416 Queen Anne's Dr	ive /
	ofath	DESCRIPTION	(Last) 4, DATE (Month) of DEATH: AM.	(Day) (Year) 21 1955
	ite	Female 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED. DIVORCED. Specify): Widowed April 1.	OF BIRTH: 9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
5NG	r every causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired) Homemaker Own home	St. Charles, Minnesota	CITIZEN OF WHAT
Idi	Supply te the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
NIS.	Sur ite t	Timothy M. Barr	?? Talbot	
FOR BINDING	K.	(Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.	Mr. Walter J. Heber, 8416 Que	
	DING IN	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ion Sliver 5	INTERVAL BETWEEN ONSET AND DEATH
ER	AI US:	IMMEDIATE CAUSE (A) Cerebral	Her orrhang C	18 Day ?.
MARGIN RESERVED	TH UNFAI	DISEASES OR CONDITIONS, IF ANY, (B) Hyperies	unie Heart Disease	8-10 910.
RGIN	-	STATING UNDERLYING CAUSE LAST. (C) STEELS	cherosis Generalyee	10 44.
MA	LY, ortar	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	4	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
7	WRITE PI.	21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR? (City or town) (Cour	nty) (State)
	20	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	o e	22. I hereby certify that I attended the deceased from Dece-	10, 1946, to 21 Hype., 1953, that I las	t saw the deceased
10 - 53	E TYPE	alive on 20 Apr., 1953, and that death occurred at	ADDRESS DA	stated above.
	00		etery St. Charles, Mi	
VS. A	PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 8434 G	ADDRESS a. Ave.
			, silver	Spring. Md.

VPR 86 1955

BUREAU V. S.

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OR WRITE PLAINLY, WITH UNFADING INK.

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REGISTRAR'S

Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMO	RE,	18	1)
3833	CER	RTIFICATE	OF	DEATH	Reg.	Dist.	No.

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 1)3811
3832 CERTIFICATI	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL And give nearest town) Now Bethesda Rural DOA	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Camden
HOSPITAL OR Wisconsin Avenue enroute to	STREET (If rural give location) ADDRESS
STREET ADDRESS U. S. Naval Hospital	1130 Jackson Street
B. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Francis Boyd	HENSON DEATH: April 5 1955
Male 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 9-18	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner Retired	Missouri 11. Birthplace (State or foreign country): 12. CITIZEN OF WHAT
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Marion HENSON	Minnie (UNKNOWN)
Yes no, or ank.) (If Yes, give war or dates Yes of service) WW II 207 209 305	Wife of an Act Reference
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) /LyoCa	ideal Inforction 1 hs.
ANTECEDENT CAUSE (S)	1 At 0
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	and Octeur Unstein
(d 60x) (c) Celler	w och closen
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ter meelele bushing
19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY? YESK NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5 Ar	pr., 19.55 to 5 Apr., 1955, that I last saw the deceased
alive on 5 Apr , 19 55, and that death occurred at	
Want Tuesday My M	D. Washines Washingt "/115
	ERY OR CREMATORY LOCATION (City, town, or county) / (State)

R. A. Pumphirey Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

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APR 15 1955

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3833

CERTIFICATE OF DEATH

leg Dist No 216

	JOJS CERTIFICATE	C OF DEATH	Reg. Dist.	No. 2/6
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HO	ME) OF DECEASED):
0	COUNTY MONDOMERY CITY (If outside corporate limits write RURAL LENGTH OF STAY (in this place)	STATE MAY U AND	COUNTY MONT	GOMELL di give nearest fown
	X TOWN Bollusda 56 days 18/3 les	. Town Chery	Chase	×
	HOSPITAL OR INSTITUTION OR SUBURBAN	STREET ADDRESS 7662 L	f rural give location)	ive
	(Type or Print) MARY Brack Hin	(Last) 4. DA		(Year) 3 1955
	temale lihite (Specify): MARRIED 17-	2-08 9. AGE last	yrs. Months D	ays Hours Min.
	work done during most of working life. even if retired: Own Own	Mashington	D.C.	CITIZEN OF WHAT
	Edwind Brady	14. MOTHER'S MAIDEN NA	ME:	
	IS. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yespino, or unk.) (If Yes, give war or dates of service)	HUSDAND - MY		Hinton
	18. MEDICAL CERTIFICATI	ION		INTERVAL BETWEEN
	170 X	in Chraneme		ONSET AND DEATH
	IMMEDIATE CAUSE (A) elustat	TO COMMINE		3 WOULH?
	ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Covernmy 3	end	
	(C)			
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
	DISEASE OR CONDITION CAUSING DEATH. 19a DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION			
	THE DATE OF OPERATION: 198. MAJOR PINDINGS OF OPERATION			20. AUTOPSY1
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City etc. INJURY OCCUR?	or town) (County	(State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OF	CCURT	
	22. I hereby certify that I attended the deceased from	, 195 y, to Wall,	1953, that I last	saw the deceased
	alive on 2007, 1933, and that death occurred at signature	ADDRESS	and on the date s	
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCA	TION (City, town or	county) (State)
	Burial 4/11/55 Arlington Na		Arlington N	
	REGISTRAR, 4/10/55 Berrie M. Hombron.	Robert Champs	hey Bethes	da, Md.

MARGIN RESERVED FOR BINDING

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Supply every item of information carefully.

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APR 12 1955

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3834

3834	CERTIFICATE	OF DEAT	'H Reg.	Dist. No. 218
1. PLACE OF DEATH:	1 2.	USUAL RESIDENC	E (HOME) OF DECEAS	SED:
COUNTY Montoonney CITY (If outside corporate limits, write OR and give nearest town)	MARYLAND RURAL LENGTH OF STAY	STATE Md CITY (If outside co	orporate limits, write RU	COUNTY Mont. (RAL and give nearest town)
HOSPITAL OR	Md (in this place)	STREET	ensington (If rural give	ocation) X
INSTITUTION OR STREET ADDRESS Mayylande	r Rest Home	ADDRESS 4204	Frankli	n St.
3. NAME OF (First)	(Middle) (L	ast) 4	. DATE (Month)	(Day) (Year)
(Type or Print) Mary	E. MARRIED. 8. DATE OF	m	DEATH: 4	NDER 1 YEAR IF UNDER 24 HRS.
	VED, DIVORCED,	1876	78 yrs. Mon	ths Days Hours Min.
10a. USUAL OCCUPATIONGive kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	Oh Co		: 12. CITIZEN OF WILAT
13. FATHER'S NAME:	14	. MOTHER'S MAIDEN		
A Dewight Ladd		?	Snow	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		t Home Re	ESS:	
	18. MEDICAL CERTIFICATION			Interval Betwee
1. DISEASES OR CONDITIONS DIRECTLY		2		Onset And Deat
Immediate cause (a)		ascular	accident	2 woel
Antecedent causes (s) Diseases or conditions, if any,	Cerebral	arterio s	elesonis	2 years
stating the underlying cause last.				
(c) 11. OTHER SIGNIFICANT CONDITIONS		0 1		
Conditions contributing to the death but n related to the disease or condition causing	death. Hysts	litie	is seemed	ucel and anymore
19a. DATE OF OPERATION: 19b. MAJOR	FINDINGS OF OPERATION			Yes No 3
SUICIDE OF	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
HOMICIDE INJUI TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While	HOW DID INJURY O	OCCUR ?	
22. I hereby certify that I attended th	work At Work	195°5 to 4-	10 , 1950, that	I last saw the decease
and the same of th	that death occurred at flat	1 11	he causes and on the	
Vesnon	- E. martens	MP. Ser	wenteron	md 4-10-55
23. BURIAL, CREMATION, DATE THERE	OF NAME OF CEMETERY	OR CREMATORY	LOCATION (City, tow	p, or county) (State)
BREMOVAL (Specify) Chr. 12	OF NAME OF CEMETERY	OR CREMATOR!	Bladensk	usa Dil.

VS. A15

MARGIN RESERVED FOR BINDING

OBVEDING.

BUREAU V. S.

or when the section is

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3835

REPUTEIC	A	OT	TOTA	A	

03814 215 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE Florida COUNTY
CITY (If outside corporate limits, write RURAL Cin this place) X TOWN CITY (If outside corporate limits, write RURAL (in this place) 3 days	CITY(If outside corporate limits, write RURAL and give nearest to OR TOWN Jacksonville
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) 4324 San Juan
DECEASED: (Type or Print) Herbert Grey HI	UFFMAN OF DEATH: APril 26 1955
Male White (Specify): Married 4-28.	
work done during most of working life, even if retired) Mariner Mariner 108. KIND OF BUSINESS OR INDUSTRY: Wariner Retired	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WE COUNTRY? US
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Kenny HUFFMAN	Mary HUFFMAN
(Yes, no, or unk.) (If Yes, give war or dates of service) WW II Unknown	Mrs. Ether HUFFMAN Same as above
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	il brain tumor 2 wichs
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
25 april 1955 Harge tumor night a	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, Farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
E. P. THELEN LCDR MC USN U. S. Naval Hospiral Burial, Cremation, Date thereof Name of Cemeter	8:15P M, from the causes and on the date stated above. ADDRESS DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 26 Apr 1955 hay 6. tarrelle	24. FUNERAL DIRECTOR uneral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

3361 **6 YAM**

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 212

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONTE MARYLAND	STATE Me COUNTY Mon	Lif
CITY (If outside corporate limits, write RURAL LENGTH OF STAY		give nearest town)
OR and give nearest town (in this place)	TOWN Boyde - B.7	D. X
HOSPITAL OR INSTITUTION OR STREET ADDRESS White Sulphur Rd.	STREET ADDRESS White Julyhow F	RP. 1
3. NAME OF DECEASED: (Type or Print) (First) (Middle)	(Last) 4. DATE (Month) (Day OF DEATH CAR. 6	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED, (Specify): Quagas (Specify): Quagas (Specify)	/-//-5'\ yrs. Months D	YEAR IF UNDER 24 HRS. ays Honrs Min.
work done during most of work life, even if retired):	DR 11. BIRTHPLACE (State or foreign country): 12	COUNTRY?
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Howard Hunt	Freda Dogne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of	I7. INFORMANT & ADDRESS:	
service)	mother - Same as Item	134
IS. MEDIC	CAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	, and the same of	INTERVAL BETWEEN
491X 2 . 0 . 4		ONSET AND DEATH
Immediate cause (a) Broncho - 7	prhimonia	Jones dia
DUE TO		in hed
Anteccdent cause(s)		
Diseases or conditions, if any, (b)		•••••••••••••••••••••••••••••••••••••••
giving rise to the above cause DUE TO		
stating underlying cause last (c)		1
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No [
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc.	с.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri	ibed above, held an Autopsy Z, Inspection 🗆	, Inquiry [], and
find that death resulted from: Natural causes X, Acc	ident [], Suicide [], Homicide [], Undete	rmined cause [].
SIGNATURE	CHIEF MEDICAL EXAMINER	DATE SIGNED
Trank & Brose hant	M. D. ASSISTANT MEDICAL EXAM.	4-6-55
	CRY OR CREMATORY LOCATION (City, town, or co	ounty) (State)
REMOVAL (Specify) 4 775 55 Monastock	Gemetery Bealswille, m	nd.
DATE REC'D BY LOCAL REGISPICAR'S SIGNATURE)	24. FUNERAL DIRECTOR	ADDRESS
PRIG-06 1955 / Weak with	With R A POR Barner	111/60) 11/X

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefulty. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



Reg. Dist	. No.
I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONICOMING MARYLAND STATE & C. COUR	NTY
Town selver spring I month Town Washington	47x-3
INSTITUTION OR While delive, recovery rouse ADDRESS)
10 48 10 Ja. 404 313 ma. 1 602 0-1 - 11.W.	1
DECEASED: OF	y) (Year) 19.55
5. SEX: 5. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: If UNDER 1 Y	
Timale White (Specify): Widowed //- 20-187/ 83 yrs.	
work done during most of working life, INDUSTRY: INDUSTRY: INDUSTRY:	COUNTRY?
TO TO TO TO THE	(·) · A
Jacob Granbell Sarah Envin	
15 WAS DECEASED WER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: Mrs Thomas	Doyle
no service) — 6628-12 n.w. Wash	ingtone O, C.
18. MEDICAL CERTIFICATION	Interval Betw
	Onset And De
	4/2day
Antecedent causes (s)	40 ars
giving rise to the above cause	70-73
Status ville states rates	
II OTHER SIGNIFICANT CONDITIONS	2-3 day
conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY)	Yes No (2)
11450111	
OF While at Not While INJURY Mrk	
22. I hereby certify that I attended the deceased from Feb. 1955 to 4/20, 1955, that I last	saw the decease
alive on	
A A A A A A A A A A A A A A A A A A A	DC 54/21/5
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF GREMATURY LOCATION City, town, or co	unty) (State)
REMOVAL (Spectry) 7723/53	ma/
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR 290/1/2	y the St. n. L
to travers soller the s. M. Manie Co. 2701.1	100
Washington	6, .
	T. PLACE OF DEATH: COUNTY MONAGONAMY MARYLAND CITY (If oldside corporately limits, write RURAL LENGTH OF STAY OF MARYLAND COUNTY) TOWN Maryland (if the place) TOWN Maryland (if the p

2361 33 AAA

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Supply every item of information carefully.

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PLAINLY, WITH

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OR

PLEASE TYPE

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

779 CERTIFICATE OF DEATH

RE, 18 03817 Reg. Dist. No. 223

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
3	COUNTY MOR HOOMERY MARYLAND	STATE D.C. COUNTY
1	CITY (If outside corpopate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest town)
	OR and give nearest rown) (in this place)	TOWN Washington) (1114-2
,	HOSPITAL OR	STREET (If rural give location)
	Institution or Street address Washington Sanitorium + Hogita/	ADDRESS 1336 Missouri Ave. N.W.
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
3	Type or Print) fannie	Soacson DEATH: 4 - 25 - 1953
7 40	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Warried	9. AGE last birthday IF UNDER I YEAR IF UNDER E4 HRE. State State
Cana	work done during most of working life. even if retired: force wife.	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
2	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	unknown	unknown
	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
200	(Yes, no, or unk.) (If Yes, give war or dates of service)	Washington Sanitarium & Hospital Records
a	18. MEDICAL CERTIFICAT	TON INTERVAL BETWEEN
5	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	443X IMMEDIATE CAUSE (A) Uselso	Varanta. Gendent I'm day
9	ANTECEDENT CAUSE (S)	· · · · · · · · · · · · · · · · · · ·
215	DISEASES OR CONDITIONS, IF ANY. (B) The All A	en come Cardio Vascular Derane Ley Susalu
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
4	(c)	
107	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	A desired to the second
	DISEASE OR CONDITION CAUSING DEATH.	elly
	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
		YES NO
eclan	21a. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fact OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
s esp	OF INJURY OF INJURY OF INJURY OR INJURY OR INJURY M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
2	22. I hereby certify that I attended the deceased from now	, 19 3/, tolpand 25, 19-3, that I last saw the deceased
20 2	alive on april 75, 1955, and that death occurred at	0
3	SIGNATURE	ADDRESS DATE SIGNED
LL	Berjamin chaoson M.	.0.7896 Searcuare of hed 4/25/55
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or pounty) (State)
	Durial apr 25-1905 Ther The	Com bem Pallmere Med
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FINERAL DIRECTOR / 3800REST WAS

RECEIVED

BUREAU V. S.

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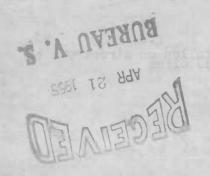
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

The state of the s	I OI REPRESENTATION	inioita, io	rece Distr
MEDICAL EXAMINER'S	CERTIFICATE	OF DEATH	No. 223

ect	Item 21 Film (131 5-3-55 am		Reg. Dist.
corr	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 223
Je (1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
T.	COUNTY Montgomery MARYLAND	STATE Maryland county Trince	
lly.	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and OR	give nearest town)
efu d le	Takoma tark 18 hrs. 10 min.		6-16-2
carefully. The and legibly.	HOSPITAL OR INSTITUTION OR ALL STATES	STREET (If rural, give location)	
	S. NAME OF (First) (Middle)		
lea	DECEASED:	OF I	(Year)
h c	(Type or Print) Hayry Den amin 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATI WIDOWED, DIVORCED,	DEATH HOYILE OF BIRTH: 19. AGE last birthday: IF UNDER IY	
f information death clearly	Male white (Specify): married No	V. 13, 1899 55 yrs. Months Da	ys Hours Min.
	The HELLAL OCCUPATION (Give bind of 1 10h KIND OF RUSINESS OF	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
em s o	work done during most of work life, even if retired): Maintenance Amer. Fed. of lab		USA
y it use	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
ca	Newton James	unknown	
y every item of the causes of	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk,) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	110
ppl	yes V service) Navy 1920	Washington Sanitarium and Hos	pital Records.
Supply write th	18. MEDICA. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN
r INK.	(8 ~ 1 / 200	a la a d	ONSET AND DEATH
N Se IN	Immediate cause (a) Inter Cramea	runnunge	A-1-1
2. S	Antecedent cause(s) Diseases or conditions, if any, (b) Justice of S	1.00	3 days
DII	Diseases or conditions, if any, (b) giving rise to the above cause DUE TO		
FA	stating underlying cause last		
UNFADING Physicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		
E PLAINLY, WITH especially important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
por	21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory	(County)	Yes No No (State)
F.E.	PRIMARY GOT CONTRIBUTING OF Street, office bldg, etc.	W+ Dainian DC	Ma
PLAINLY pecially im	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. How DID HN LURY OCCUR. on street	due to
LA	INJURY 4-14-55 PM. work at work C	. Reported/arconorram	
spe	22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy , Inspection ,	Inquiry [], and
ITE is e	find that death resulted from: Natural causes [], Acciding SIGNATURE	dent [], Suicide [], Indificide [], Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
WRITE ge is es	Frand & Brosshart	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	4-18.55
ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER 4/20/57		unty) (ylate)
EA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
PL	4918/53. George Danney	IT Josep's Sons Hyatterell	2 mo
	120/55 J. Missin Dodd. Reg		

MARGIN RESERVED FOR BINDING VS. A15A - 5 - 53



OR SE PLEA

W

22. I hereby certify that I attended the deceased from 20 April 1955, to 26 April 1955, that I last saw the deceased 1955, and that death occurred at 2:31 PM, from the causes and on the date stated above. alive on 26 April DATE SIGNED SIGNATURF

218. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21E INJURY OCCURRED
While Not while

at work

USNH. NIMC. ALLEN Bethesda Maryland
LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY 23. BURIAL. CREMATION. DATE THEREOF

REMOVAL (SPECIFY) 4-29-55 Arlington National Burial Transit

REGISTRAR'S SIGNATURE

at work L

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour)

(IF EITHER, NOTIFY MEDICAL EXAMINER)

DATE REC'D BY LOCAL

OF INJURY

Arlington. Va.

(County)

(Year)

1955

(State)

FUNERAL DIRECTOR A, Pumphrey Funeral Home, son Avenue, Bethesda, Maryland

21c. WHERE DID (City or town)

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

causes of

Physicians: please

especially important.

S.

19

03820 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3839 CERTIFICATE OF DEATH Reg. Dist. No. C

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
county Montgomery MARYLAND	STATE Maryland county Montgomer		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY			
56 TOWN Silver Spring (in this place) 32 yrs	TOWN Silver Spring	56	
HOSPITAL OR	STREET (If rural give location)	1	
OT STREET ADDRESS 610 Mississippi Avenue	ADDRESS 610 Mississippi Avenue		
3. NAME OF (First) (Middle) DECEASED: (Type or Print) John Jefferson Jol	(Last) 4. DATE (Month) (Day) hnson DEATH: April 18	(Year) 1955	
5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday: IF UNDER I YE.		
RACE: WIDOWED, DIVORCED.	22, 1884 70 yrs. Months Day		
work done during most of working life, even if retired): Print Cleaner Cornelius Printing		U.S.A.	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Richard Johnson	Cinderella Duston		
	. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates of no service) 214-03-8573	rs. Cecelia F. Johnson, 610 Missi	ssippi Ave.	
18. MEDICAL CERTIFICATI	ION Silver Sp	ring, Md.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Betwee	
Immediate cause (a) Accute hyocard	dial failure		
Antecedent causes (s)	a of the prostate	•••••••••••••••••••••••••••••••••••••••	
(c) invading the u	minemy bladder.	6 months	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia and			
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	Locote Locote	T'20. AUTOPSY	
11-3-54 Adenocarcinoma of the	prostate invading urinary	Yes No Z	
ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., steet)		ATE)	
HOMICIDE			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While Work At Work	HOW DID INJURY OCCUR?		
	1 1017 . 4 70	11 - 1	
22. I hereby certify that I attended the deceased from 7-9	,1924, to419.0.0., that I last s	aw the decease	
alive on 4-15, 1955, and that death occurred at 5.	ADDRESS and on the date s	tated above.	

3. BURIAL, CREMATION, DATE THEREOF BURIALY (Specify) 4/20/55 Soos Woodburg Dv. Salve Spury Jul 4-18-55

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Union Cemetery Burtonsville, Montgometry Co., Md DATE REC'D BY REGISTRAR'S

A15 VS.



MARYLAND STATE DEPARTMENT OF HEALTH

3840

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	,
montgomery Maryland	mary land mar	te amera.
OR givo nearest town) LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN POCKULIE LIE	TOWN ROCKUILE	X
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	1
STREET ADDRESS CITY 3 - R 7. D. 3 Nowe	RADDRESS R.7. D. 43.	
3. NAME OP (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) May nard	JOHNSON DEATH COTA	14 1955
6. SEX 6. CÓLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) LADOSTRY County	norbeck, meryland.	COUNTRY? U.S. Q
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph Johnson	Emma Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	I. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	IJaa Johnson-442 Park Rd	Lush . D.C.
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
2.60%	4 1 11 1 12	-> /
Immediate cause (a)	iswed heard failing	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause atating the underlying cause last	excellites	4 712
(e)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from func	, 1952, to Apl , 1955, that I last se	aw the deceased
alive on 3/3/ 1955, and that death occurred at	130 Am., from the causes and on the date sta	ated shows
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Ass Borgard 14-2	Soundy Sping, Med	4/15/55
BENOVAL (Recity) DATE THEREOF - NAME OF CEMETE	RY OR CREMATORY LOCATION (Cly, town, or count	y) (State)
DATE REC'D BY LOCAL REGISTION'S SIGNATURE	Proced L. Snowlen - Rock	TORESS A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

2261 61 89A

BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3841

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

	mcg. Dist.	140.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY MORI OFFICE MARYLAND	STATE MAYY AND COUNTY MONTA	omeru
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and	
X TOWN TOWN TOWN TOWN (in this place)	Town Silver Spring	56
HOSPITAL OR INSTITUTION OR	STREET (If rulal give location)	1
HISTREET ADDRESS Zubusbau	1 Abrilas Av	e.
3. NAME OF (First) (Middle) DECEASED:	TI C S OF	ay) (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday I PUNDER I YE	1955
MALE CALORED (Specify): Manned 9-	-14 - 89 65 yrs. Months Da	
IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. (ITIZEN OF WHAT
work done during most of working life. even if retired): 130000 T		U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	1
Un Known	Lavinia (unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	1 1
(Yes, no, or unk.) (If Yes, give war or dates of service)	Wife-Irene Johnson	(above)
18. MEDICAL CERTIFICA	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. 1/2	ONSET AND DEATH
1420, IMMEDIATE CAUSE (A) Cordes	e Remisensation	1 Stora.
DUE TO	- 111	
DISEASES OR CONDITIONS, IF ANY, (B)	ordest Inpution	1 day
STATING UNDERLYING CAUSE LAST.	ATTI Lain	1001
(c)	years sucomposes	long
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Indonestrates	242
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON /	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	ctory, 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?	
OF INJURY While Not while at work at work		
22. I hereby certify that I attended the deceased from 1.0%	2 , 1955, to 2 apr., 1955, that I last	saw the deceased
alive on 200, 1955, and that death occurred at	6:15 AM, from the causes and on the date s	tated above.
SIGNATURE		E SIGNED
Color of A	M. D. Syburban Hoof, Bethis	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	NERY OR STEMATORY LOGATION City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 3. FUNERAL PLACEGR	ADDRESS/

MARGIN RESERVED FOR BINDING

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VS. A15 — 10 - 53

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3842	CER I IFICAT	E OF DEAT	l'H	2/4
	FOR MEDICAL	L EXAMINERS	Reg. Dis	1. No.
I. PLACE OF DEATH- COUNTY Montgomery	MARYLAND	STATE Maryla	.na	UNITY Montgomery
CITY (It outside corporate limits, write RUR OR give nearest town) TOWN SILVER Spring	(in this piace)	TOWN Silver	rate limits, write RURAL and Spring	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12,110 Center	rhill Street	STREET ADDRESS 12,110	(It rural, give location) Centerhill St;	,
3. NAME OF (First) DECEASED (Type or Print) Walter	(Middle) Ka	(Last) Smala	4. DATE (Month) OF April	
6. COLOR OR RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 5/20/20	34 yrs. Mo	inder I year II under 24 hr intha Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier, Post Office 13. FATHER'S NAME	10b KIND OF BUSINESS OF	Ellsworth, Pe	nnsylvania	12. CITIZEN OF WHAT
Frank Kasmala 15. Was Decrased Even In U.S. Armed Forces	H7 I 16. SOCIAL SECURITY NO.	Mary Petro	ADDRESS	
(Yes, no, or unknown) (If yes, give war 45 dates yes, war 45 dates	10	Mrs. Marguerite	S. Kasmala.	Wheaton
I. DISEASES OR CONDITIONS DIRECTLY #20, / Immediate cause (a) Antecedent cause(s) Diseases or conditions, it any, (b)	Cordiac Mayron	Seconfer will trips	Silver Spring, I	Interval Betwee Onset and Deat I - 2 &
giving rise to the above cause stating the underlying cause last (e)	Colonary	Occhour	N	1-2d.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	th.			
19a. DATE OF OPERATION 19b. MAJOR				20. AUTOPSYT
PRIMARY OR CONTRIBUTING OF	CE (Home, farm, factory, street, office iddg., etc.)	(CITY OR	TOWN) (COU	Yes No NTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY O	CCURT	
22. I certify that I took charge of the remaind obtained by said Autopsy, Inspection of from: natural causes accident SIGNATURE 23. BURIAL, CREWATION DATE THERE	or Inquiry, find that said dece suicide homicide , (Degree or title)	eased died on the day state undetermined ADDRESS	Inquiry thereon led above, and death in LOCATION (City, town, or	my opinion resulted DATE SIGNED 4-13 55
Burial (Specify) 4/15/55	Arlington Nat	11. Cemetery	Arlington, Vi	rginia
REG. 4-15-93 REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	8434	Ga. Ave.

SSEE ST EAV

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13824 3843 CERTIFICATE OF DEATH

	Reg. Dist. No.			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland county Montgomery			
county Montgomery MARYLAND				
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) 5 TOWN Silver Spring 17 yrs	CITY(If outside corporate limits, write RURAL and give nearest to OR TOWN Silver Spring			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9129 Bradford Road	STREET (If rural give location) / ADDRESS 9129 Bradford Road			
3. NAME OF (First) (Middle)				
DECEASED: (Type or Print) Omer Key	ndig OF April 15 1955			
Male 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED. DIVORCED. 4/24/	9. AGE last birthday IF UNDER 1 YEAR 1 FUNDER 24			
work done during most of working life. even if retired) Cable Splicer C.&.P. Tel. Co.	Oil City, Pennsylvania U.S.A.			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Hiram Kendig	Alice France			
(Yes, no, or unk.) (If Yes, give war or dates no of service) (15.30cial Security No.	Jay A. Kendig, 9129 Bradford Rd., Silver			
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
4 43 X Carde	as decompensation 6 yes			
ANTECEDENT CAUSE (S)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(c)				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	in dilatation ?			
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPS YES NO			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. OF INJURY OCCUR? (County) (State)				
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from alive on 1954, and that death occurred at SIGNATURE D. Quid	19 60 15 9.1, 1950, that I last saw the december of the causes and on the date stated above. ADDRESS ADDRESS			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS			
REGISTRAR 4/19/55 trances Volter,	Warnele & Tumpkrey Silver Spring, M			

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OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS. A15-

PLEASE TYPE

03825 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY MONTGOMERY MARYLAND	STATE District of Octumbia CITY(If outside corporate limits, write RURAL and give nearest town)				
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	OR	d give nearest town)			
X TOWN Bethesda Rural 2mo 1 day	Town Washington, D.C. 4	-7X-3			
HOSPITAL OR	STREET (If rural give location)	1			
/street Address U. S. Naval Hospital	4310 Cathedral Avenue,	N.W. V			
	(Last) 4. DATE (Month) {Di				
DECEASED: (Type or Print) Ralph Stover K	EYSER OF DEATH: April	19 19 55			
RACE: WIDOWED, DIVORCED,	9. AGE last birthday IF UNDER 1 YE 1-10-83				
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. C	TIZEN OF WHAT			
work done during most of working life, OR INDUSTRY:		COUNTRY?			
even if retired): Mariner Mariner Retired	Virginia 1	US			
3. FATHER'S NAME:	14. MOTHER O MAIDEN HAME.				
Eugene KEYSER	Mary STOVER				
5. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Wife Mrs. Charlott KEYSER				
(Yes, no, or unk.) (If Yes, give war or dates of service W I WW II Unknown	Same as above				
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO (B) DUE TO (C)	ed Carcinoma Vrenany bladder	Tyr			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N .	20 AUTOROVA			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 21b. Time (Month) (Day) (Year) (Hour) 21c. Not while at work 21f. HOW DID INJURY OCCUR?					
			22. I hereby certify that I attended the deceased from 18 Feb , 1955, to 19 Apr , 19 55 that I last saw the deceased		
			22. I hereby certify that I attended the deceased from 18 Fe	b , 1955, to 19 Apr , 19 55 that I last	saw the deceased
22. I hereby certify that I attended the deceased from 18 Fe	2:00A, from the causes and on the date s	saw the deceased tated above. E SIGNED			
B. S. TALBOT CDR MC USN U. S. Naval Hospite	2:00Am, from the causes and on the date s ADDRESS DATE LD. NNMC. Bethesda. Maryland	tated above. E SIGNED			
B. S. TALBOT CDR MC USN U. S. Naval Hospite B. S. TALBOT CDR MC USN U. S. Naval U. S.	2:00A, from the causes and on the date s	tated above. E SIGNED			
B. S. TALBOT CDR MC USN U. S. Naval Hospite Burial. CREMATION. DATE THEREOF NAME OF CEMETIC REMOVAL (SPECIFY)	2:00M, from the causes and on the date s ADDRESS DATE LD, NNMC, Bethesda, Maryland ERY OR CREMATORY LOCATION (City, town, or	tated above. E SIGNED county) (State)			
B. S. TALBOT CDR MC USN U. S. Naval Hospita 23. BURNALL, CREATION, DATE THEREOF NAME OF CEMETI	2:00Am, from the causes and on the date s ADDRESS DATE LD. NNMC. Bethesda. Maryland	tated above. E SIGNED county) (State) rginia ADDRESS			

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03826 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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3774	CERTIFICATE	OF	DEA	UNFI

			-	2	3
Reg.	Dist.	No.	1	1	1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY WON'S GOWAYY MARYLAND	STATE Maryland County? Mont.			
CITY (If outside comporate limits write RURAL LENGTH OF STA	CITY(If outside Corporate limits, write RURAL and give nearest town			
17 TOWN Takoma Park. 32 days.	TOWN Silver Springs. 56			
HOSPITAL OR Washington San Ellosp	STREET (If rural give location)			
75 STREET ADDRESS Takoma Park, Md.	ADDRESS 102 hallown and Dr.			
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)			
DECEASED: (Type or Print) Lucie Mae	Kling OF DEATH: 4 27 1955			
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED 8. DAT				
(Specify):	-5-84 70 yrs. Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA			
work done during most of working life. even if retired): House will .	COUNTRY?			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Alexander Stohan.	0.1.			
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mariy A P.			
15. MEDICAL CERTIFIC	Hospixal Racords.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE			
420.1 Constitut	theat bailers I week			
IMMEDIATE CAUSE				
ANTECEDENT CAUSE (S:	Proxia Muston D'a Vindo 34-			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	en us, voje ween the pares of the			
STATING UNDERLYING CAUSE LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	-1 1 . 1			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	tat circusis			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATI	ON 20. AUTOPSY?			
	YES NO T			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?				
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR?				
OF INJURY M. While Not while				
22. I hereby certify that I attended the deceased from , 1952, to 4-27, 1953, that I last saw the deceased				
alive on 4. 10 -, 1955, and that death occurred at/130 HM, from the causes and on the date stated above. SIGNATURE ADDRESS, DATE SIGNED 4.1.7-5-5				
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME Burial & Transit 4/29/55 Green Hill	Cemetery Martinsburg, West Virginia			
DATE REC'D BY LOCAL RESISTEMENTS SIGNATURES 24. FUNERAL DIRECTOR 8434 Ga. ADDRESS PROGISTRAR 3-1655 F. W. Now World				

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VS. A15

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VS. A15-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3775 CERTIFICATE OF DEATH

Reg. Dist. No. 223

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ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
legibly	Mantagnery Want	P.	
leg	COUNTY NORTGOMERY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town
	OR and give nearest town (in this place)	OR	nu give nearest town)
and	Town Takoma Park 61 days	Town Bradenville 7	X-3
clearly	MONSTITUTION OR Washington Sanitarium	STREET (If rural give location)	
ea	3 STREET ADDRESS HOSPITE	P.O. Box 198	
		(7 -4)	Day) (Year)
death	DECEASED: (Type or Print)	OF /A	~
de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER IN	EAR IF UNDER 24 HRS.
Jo	RACE: WIDOWED, DIVORCED, (Specify):	Months D	ays Hours Min.
	10A. USUAL OCCUPATION (Give kind of, 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITITEN
causes	work done during most of working life. OR INDUSTRY:		COUNTRY?
	even if retired):	Czechoslovakia	U.S.a.
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
e	Andrew Sabol	Mary Varga	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital Record.	
please	18. MEDICAL CERTIFICAT		INTERVAL
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
	190X	1	
ns	IMMEDIATE CAUSE (A) Hemohydro	othorax, massive	
cia	ANTECEDENT CAUSE (S)		
ysi	DISEASES OR CONDITIONS, IF ANY. (B) Metaste	emalignant melanoma	
Physicians:	STATING UNDERLYING CAUSE LAST.	3	
	(C)		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
up	194. DATE OF OPERATION: 198 MAJOR FINDINGS OF OPERATION	V	20 AUTORSY2
	10/2/0/53 Males Mila	11 Mu 3	YES NO NO
lly	21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE (Home, farm, fact	OTH 210 WHERE DID (City or form)	
especially	21a. ACCIDENT WAS UNDERLYING TO 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER)		(State)
esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
IS	OF INJURY M. While Not while at work at work		DELLA US FREE
	22. I hereby certify that I attended the deceased from 10/2	6 , 1957, to 4 /6 , 1957, that I last	saw the deceased
age	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	445 that I last	
ct	alive on 1, 195, and that death occurred at	M, from the causes and on the date	stated above.
correct	10/14/11/10 10 10 10 10 10 10 10 10 10 10 10 10 1	a la bour To I had a	1012
COL	23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, of	county) (State)
-	OREMOVAL (SPECIFY)	1	-
		ENETERY LATROBE, WESTMORELA	
	DATE REC'D BY LOCAL WREGISTRAN'S AGNATURE	24. FUNERAL DIRECTOR	ADDRESS AL

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Marie KORBE (Wife) Same as above INTERVAL BETWEEN ONSET AND DEATH AUTOPSY? (County) (State) 22. I hereby certify that I attended the deceased from 8. April, 1955, to 27. April, 19.55 that I last saw the deceased 19.55, and that death occurred at 3:00%, from the causes and on the date stated above. DATE SIGNED Maryland C.S. STROUD COR M. D. U. S. Naval Hospital. LOCATION (City, town, or county) MC. USN DATE THEREOF NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION, REMOVAL (SPECIFY) 4-29-55 Arlington National Cemetery Arlington, Virginia burial 24. FUNERAL DIRECTOR Ives Funeral Home, 28 Arlington, Virginia 2847 Wilson Blvd. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR ADT

(Year)

1955

IF UNDER 24 HRS.

Hours

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(Day)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0 38 60				
3847 CERTIFICATE	OF DEATH Reg. Dist. No. 2/6			
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY MONTEJOMENY MARYLAND	STATE Md. COUNTY Montgomery			
OR and give nearest town) CITY (If outside corporate limits, write RUKAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR			
HOSPITAL OR	STREET (If rural give location)			
INSTITUTION OR STREET ADDRESS JUNGIDAN HOSPITAL	ADDRESS PITCHIE AVENUE			
NAME OF (First) (Middle) (1	Last) 4. DATE (Month) (Day) (Year)			
(Type or Print) JOSEPHINE LAN	CASER DEATH: HOril 28 1955			
FE 16. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify) To use of 100 V.	OF BIRTH: 9. AGE iast birthday IF UNDER : YEAR IF UNDER 24 HRS. Hours Min. Hours Min.			
USUAL OCCUPATION (Give kind of North done during most of working life, even if retired);	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?			
FATHER'S NAME;	14. MOTHER'S MAIDEN NAME:			
FOURTED STEVENSON	CASSIC WALLACE			
NAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: 6336 Southern			
s, no, or unk.) (If Yes, give war or dates of service)	MRS Norothy The VENSON. MASH , AUG.			
18. MEDICAL CERTIFICATI	//			
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
IMMEDIATE CAUSE (A) Di- lul	evel Robar menning			
ANTECEDENT CAUSE (8)				
SEASES OR CONDITIONS, IF ANY. VING RISE TO THE ABOVE CAUSE FATING UNDERLYING CAUSE LAST. (B) DUE TO	yo cards by			
(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	YES NO NO			
ACCIDENT WAS UNDERLYING 21s. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., either, notify medical examiner)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?			
TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?			
I hereby certify that I attended the deceased from	26, 1955 to 4/27, 1955 that I last saw the deceased			
alive on H 27, 1955, and that death occurred at	M, from the causes and on the date stated above.			
Calvin B. Le Compte o M.	D. 61 KSt. 11 & 4/28/53			
BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town) of county) (State)			
ATE REC'D BY LOCAL [REGISTRAR'S SIGNATURE	24. PUNERAL/DIRECTOR NODRESS			

PUNERAL DIRECTOR

information carefully. legibly. and death clearly item of of every causes Supply the please write INK. UNFADING Physicians: WITH important. PLAINLY especially WRITE U) OR age TYPE correct PLEASE

The

I. PLACE OF COUNTY CITY (If o OR

3. NAME OF DECEASED

10A. USUAL OC

13. FATHER'S

18. WAS DECEASED

(Yes, no, or unk

I DISEASES

GIVING RISE STATING UND

II OTHER SIG TO THE DE

21A. ACCIDENT

(IF EITHER, NOTI 21D. TIME (Mor OF INJURY

22. I hereby

23 BURIAL

REGISTRAR

DATE REC'D BY LOCAL

DISEASE O 19A. DATE OF C

IMME ANTECED DISEASES OR

5. SEX:

TANKET STATES THE WASHINGTON

BUREAU V. S.

A STATE SHOW IN THE THE THE THE THE STATE OF THE STATE OF

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03831

3848 CERTIFICATE OF DEATH

Reg. Dist. No. 2/7.....

1y.	1.	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
811		COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Howa	rd
clearly and legibly		CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL a	
anc	X	Town Olney 10 days	Town Woodbine	13x-2
>		HOSPITAL OR The Montgomery County General		
ear	43	STREET ADDRESS Hospital, Inc.	ADDRESS Route # 2	/
J J	3.			Ony) (Year)
death		DECEASED: (Type or Print) Effie Alonia	OF	21 19 55
	5.	SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	EAR IF UNDER 24 HRS.
OI	T.	emale white widowed, divorced, (Specify): Maried Decemb	per 28,1896 58 yrs. Months D	Ays Hours Min.
causes		USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
an		work done during most of working life. OR INDUSTRY: even if retired): Housewife	Virginia	U. S. A.
	13.	FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
ease write the		A July Dame	Emma North Kirby	
rite	15. V	Appleton Payne	17. INFORMANT & ADDRESS:	
3		s, no, or unk.) (If Yes, give war or dates of service)	Hospital Records	
ase		18. MEDICAL CERTIFICAT		1
ple	1	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
	15	3x 6.	le .	100
ns	10	IMMEDIATE CAUSE (A) Warcin	ome orlune.	The
Physicians:		ANTECEDENT CAUSE (S)	00+	21
iys		SEASES OR CONDITIONS, IF ANY, (B) Truly	ing abolication	Lady
7		TATING UNDERLYING CAUSE LAST.		
nt.	**	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
important,		TO THE DEATH BUT NOT RELATED TO THE		
DO		DISEASE OR CONDITION CAUSING DEATH.	ucs ,	
E	19A	DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	1 8	20. AUTOPSY?
>		4/18/5-5 Unrul Meterlases	, lestostory	YES NO B
especially	OR	. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., either, notify medical examiner)		y) (State)
esp		TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
IS	OF	INJURY M. While Not while at work at work		
a	22.	I hereby certify that I attended the deceased from 4/	/, 1955, to 4/22., 1954, that I last	saw the deceased
8		alive on 4/2 9/ , 1953, and that death occurred at	3:20aM, from the causes and on the date	stated above.
correct		SIGNATURE		E SIGNED
OFF			.o. santy of 4/2	155
Ü	23.	BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, took, or	founty) (State)
	_6	Burial 424-55 Total Co	! Saith	190%
		ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 1657	ADDRESS
		1-12-6-1- July of B James	1. 10 / fameland st.	7

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BUREAU V. R.

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THE PERSON OF THE PERSON WITH THE PERSON WITH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3849 CERTIFICATE OF DEATH Reg. Dist. No. 214

03832

Yai :	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	2
reful			-
caref	COUNTY MARYLAND CITY (If outside corporate limits, while RURAL, LENGTH OF STAY)	STATE Mary COUNTY WA	- Change and a company
	CITY (If outside corporate limits, which RURAL COR and give nearest town) STOWN CITY (If outside corporate limits, which RURAL (in this place)	CITY(If outside Arporage limits, write RURAL a OR TOWN	and give nearest town)
information clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS 9317 New Hampshire Aug.	STREET (If rural the location) ADDRESS 9317 New Han	nyshireave
of infath cl	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) ()	Day) (Year)
item of i	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1	13 19 55 YEAR IF UNDER 24 HRS.
ite		ary 1, 1888 67 yrs. Months D	Days Hours Min.
r every causes	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. WHSh, NGTON D.G.	CITIZEN OF WHAT COUNTRY?
Supply ite the ca	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Supply te the c	Wm. C. collins	SARAh B. Jalent	
INK. Su se write	(Yes, no, of unk.) (If Yes, give war or dates of service)	W. H. Ridgeway- 931	7 n. H. Rove . S
. 65	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
DING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 6 0 1: 10	ONSET AND DEATH
-	IMMEDIATE CAUSE (A) ORIGINAL	elevatic Cardionascular dis	3 yrs
UNFADING sicians: ple	ANTECEDENT CAUSE (S)	eleratio Cardionascula Dis I Vascular accident	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(TOTOME) CONTROL	
	(C)		
VINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
N du	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
1 3			YES NO
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)
E m	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	21F. HOW DID INJURY OCCUR?	111111111111111111111111111111111111111
o e	22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last	saw the deceased
TYPE rect a	alive on		stated above. re SIGNED
PLEASE		ERY OR CREMATORY LOCATION (City, town, or	County) (State)
PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EINERAL DIRECTOR CO. 2901-	ADDRESS N.W.

2361 81 A9A

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The Man	carefully. T
	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully
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FOR	INK.
MARGIN RESERVED FOR BINDING	UNFADING
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03833 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3850	CITATACHATATAC A COTA	OTT	TAXA PRIVA
イメトロ	CERTIFICATE	C D H.	I DECATE
0 1 () 0 1 ()			

Reg. Dist. No. 5/6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	4.		
county Montgomery Maryland	STATE Virginia COUNTY Arling	rton		
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and			
OR and give nearest town) (in this place) TOWN Bethesda, 123 days	OR TOWN Arlington 8	3 x - 3		
	STREET (If rural give location)	V / - 0		
HOSPITAL OR THE Clinical Center 50 STREET ADDRESS National Institutes of Health	ADDRESS	V		
THE OF CITE TAIL OF CHOOL OF THE CASE OF	(Last) 4. DATE (Month) (Da	(W)		
DECEASED:	of DEATH:April	(Year) 3 19 55		
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE			
RACE: WIDOWED, DIVORCED,	21, 1914 41 yrs. Months Day			
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. C	ITIZEN OF WHAT		
even if retired): Bookkeeper W.W.Mc-Gollum, INC.		S.A.		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
	4 . 5 . 11			
Alonzo White	Ann Brackett			
15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates	The medical record			
no of service) not available	The Glinical Center			
18. MEDICAL CERTIFICATI		INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH		
2041				
204,/ IMMEDIATE CAUSE (A) Cerebral He	emorrhage			
ANTECEDENT CAUSE (S)				
DISEASES OR CONDITIONS, IF ANY. (B) Acute Myel	ogenous leukemia			
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.				
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH. NOTE				
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
none		YES NO		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facts OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)		
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	Harrie R.		
22. I hereby certify that I attended the deceased from Dec. 1	•			
alive on Apr. 3,, 1955, and that death occurred at 9:30AM, from the causes and on the date stated above.				
William C. Mohles M.	M. D. National Institutes of Health 3 Gm 55			
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or o	county) (State)		
Burial 4-6-1955 natural ?	nemoral vain Jairan	ru,		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 4/4/55	24. FUNERAL DIRECTOR June Al Hor	ADDRESS		
III MARKET IN THE TOTAL	TO G JULIANA			

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PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3851 CERTIFICATE OF DEATH

RE,	18	03834
Reg.	Dist.	No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMERY MARYLAND	STATE DIST, OF COLL COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town)
TOWN Se The Solate (in this place)	TOWN Washington 47x-3
HOSPITAL OR	CYPET
74 STREET ADDRESS Subur ban Hosp.	ADDRESS 3710 DIVINGS TON ST. /
	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Lyene Maylon Le	TICE DEATH: 4 3 1953
5. SEX: 6. COLOR OR 7. SINGLE MARRIED, 8 DATE RACE: WIDOWED, DIVORCED, 1	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
(Specify): 9. no lo l'ICICI	17, 1890 65 yrs. Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS work done during most of working life, OR INDUSTRY;	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even if retired): No he	New york
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Musion C. Lettice	Elizabeth Wornhan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Dister-Ethel Phillips
18. MEDICAL CERTIFICAT	TON INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
420.1	1 ((00/4))
IMMEDIATE CAUSE (A) DUE TO	T/3 Mis.
ANTECEDENT CAUSE (8)	columnia a malunda la
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	scripping from 10 yrs I
STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	into ieno advanced lever 5 un to
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO X
21A. ACCIDENT WAS UNDERLYING 21B. PLACE Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
M. at work L	- A . A
22. I hereby certify that I attended the deceased from	, 1952 to affine 3, 1957, that I last saw the deceased
alive on Aliv 3, 1955, and that death occurred as	2,40 PM, from the causes and on the date stated above.
SIGNATURE	ADDRESS DATE SIGNED
	.D. 3921 maring 51/2. W. 4.3.55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY COCATION (City, town, or county) (State)
Burist-Transit 4/6/55 Canayoha	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 276A 14 3 4 MANDRESS

of early so of memory entire up to anyther to a cline of the

Parties at Liches

BUREAU V. S.

9961 II 8dW

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians:

DATE REC'D BY

LOCAL

Supply every item of information carefully. The

please write the causes of death clearly and legibly.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
2050					

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	03835
3852 CERTIFICATI	E OF DEATH Reg. Dist.	No. 2/6
1. PLACE OF DEATH: COUNTY MONTGOMEN MARYLAND		Egomen
X CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL at OR TOWN Betherda	nd rive nearest town)
HOSPITAL OR LUDIUS TO LONGULAR RA	STREET (If rural give location) ADDRESS 8 9 3 8 - Quadra	wor Dr.
DECEASED: (Type or Print) I women Janly	ichett OF DEATH Will 2	9 19 5 5
5. SEX: 6. COLORIOR 7. SINGLE, MARRIED 8. DATE WIDOWED, DIVORCED. Specify: Married Sec.	9. AGE last birthday IF UNDER 1 Y 11. BIRTHRLACE (State or foreign country): 112.	ays Hours Min.
WORK done during most of warking life, even if retired)		COUNTRY? WHAT
Terigely, Luckett	Delhine Junbu	rk
(Yes, no, or unk.) If Yes, give war or dates of service)	my Marieduckett Bith	cofacinity of
18. MEDICAL CERTIFICAT	rion	INTERVAL BETWEEN
1/20,0 IMMEDIATE CAUSE (A) Coronsy	Thrombosis	
DISEASES OR CONDITIONS, IF ANY. DISEASES OR CONDITIONS, IF ANY. (B)	levote Grant Dereng	
STATING UNDERLYING CAUSE LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N The state of the	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	, etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
	ADDRESS and on the date of the Bellesla Mil	re signed - 15
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or	county) (State

Rock Creek Cem.

FUNERAL DIRECTOR

Washington, D.C.

Bethesda, Md.



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3778 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND Md.	STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest fown)
OR and give nearest town) (in this place)	TOWN V
HOSPITAL OR HOSPITAL OR	STREET () rural give location)
INSTITUTION OR	ADDRESS
1/2 STREET ADDRESS Washington Sanitarium Hosp.	1 2901 Kensington Dlyd.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Monlh) (Day) (Year)
(Type or Print) // ary Ana //ac	aruder DEATH: ADril 19 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE, WIDOWED, DIVORCED.	OF BIRTH: 885 9. AGE last birthday & UNDER I YEAR IF UNDER 24 HRE.
Female White (Specify): Widowed Augu	1 71 10 Ce / 9 Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS)	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. even if retired): Housewife	AA COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
1 141.11	TI D
John Wildurn	Laa Dowman
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
No of service)	Records - Washington Jan. 4 Hosp.
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
443X	al The amples
IMMEDIATE CAUSE (A)	a resorroscio 3 dalgo
ANTECEDENT CAUSE (S)	1 134
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	esselvases happrox 10 20
STATING UNDERLYING CAUSE LAST. DUE TO	
(260 X) (C) /4(por	Tensine Cardiovas cula Diser approxiva
TO THE DEATH BUT NOT RELATED TO THE	1-6-000 000
DISEASE OR CONDITION CAUSING DEATH.	We les Mellelus 3 class
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac	tory. 21c. WHERE DID (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	2 21F. HOW DID INJURY OCCUR?
OF INJURY While Not while at work	
	1057 61 11/4 1055
22. I hereby certify that I attended the deceased from uce	
alive on Upril 19, 1955, and that death occurred at	TPM, from the causes and on the date stated above.
SIGNATURE OF CHARLES	ADDRESS Selver Jury DATE SIGNED
	1. D. 8641 Colleville of marchand 19, SS
REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, for county) (State)
Burial 4-22-55 St. John's	Forest Glen Forest Glen, Montg. Md
DATE REC'D BY HOCAL REGISTRABIS SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
REDISTRAR 2 MG () FINISH NOWA	18 Sthords Md

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APR 25 1955

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03837

3853 CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY MINTENNEY, MARYLAND	STATE Md COUNTY HA	ward
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL s OR TOWN	
HOSPITAL OR	STREET (If rural give location)	13X-2
73 STREET ADDRESS MINTY. C. Central	ADDRESS (II Form give location)	
DECEASED.	(Last) 4. DATE (Month) (OF DEATH: Ap/	Day) (Year) 4 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED 8. DATE WIDOWED, DIVORCED, 3/5	OF BIRTH: 9. AGE iast birthday Months I	PEAR IF UNDER 24 HRS. Days Hours Min.
work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Haszanas	ANNa Filigh	
15. WAS DECEASED EVER IN U.B. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	HOSP. BEC.	
IMMEDIATE CAUSE ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ed Metastasis	y Moreths
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory. 21c. WHERE DID (City or town) (Coun	ty) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/15	6, 1955, to 4/4, 1955, that I last	saw the deceased
alive on 4/4	ADDRESS DA'	TE SIGNED
Dis Brifant	ERY OR CREMATORY LOCATION (City, town, or	1/4/55
	V PARK LOCATION (City, town, or	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR	ADDRESS

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are not a little to the date of the little

BUREAU V. S.

5561 FI 89A

Apr 1955

SIGNATURE

REGISTRAR'S

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Cremation

25 Apr 1

DATE REC'D BY LOCAL

Prince George Crematory Pringe George Co, Maryland

R4. AUN Franchise Truneral Home

7557 Wisconsin Avenue, Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.
BUREAU V. S.

NAME OF CEMETERY OR CREMATORY

LOCATION

(City, town, or county)

ADDRESS

and legibly. carefully. clearly information death of causes every Supply write tl MARGIN RESERVED UNFADING Physicians WITH PLAINLY, especially WRITE 0 [3]

3. NAME OF

SUICIDE

BURIAL, CREMATION.

LOCAL

REMOVAL (Specify)

DATE THEREOF

INJURY

5. SEX:

1821

DECEIVED RAA

BUREAU V. S.

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OR WRITE PLAINLY, WITH

PLEASE

Supply every item of information carefully

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3777 CERTIFICATE OF DEATH

Reg. Dist. No. 223

03841

oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED): ,
legibl	COUNTY MANIA & MERYLAND	STATE COUNTY	- 47x-3
	CITY (11 outside corporate limits, waite tURAL LENGTH OF STAY OR and the nearest town (in this place)	CITYIIf outside corporate limits, write RURAL a	nd give nearest town)
and	/ /TOVAL	OR TOWN	1. 1.
	HOSPITAL OR A TOWN	STREET (If rural give location)	- otam Bry
clearly	STREET ADDRESS . L.	ADDRESS	
cle	LIGSUINGIAN OPHIGHTIMA (1026)	2210 32 31	J. E.
	3. NAME OF (First) (Middle)	(Last) OF 4. DATE (Month) (I	Ony) (Year)
leath	(Type or Print)	MOTETT DEATH: 4 -	1 1955
of d	RACE: WIDOWED, DIVORGED,	OF BIRTH: 9. AGE last birthday IF UNDER I Y	ays Hours Min.
	male Caucasian (Specify) parried 4-	19-8 7 yrs.	
causes	OA USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY;	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
cal	even if retired): Retired	Virginia	1. 5 3
ne	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
the th	-tons harlfort	mating, Buch	
rite	IS, WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
M	(Yes, no or unk.) (If Yes, give war or dates of service)	HILLIDI	
ase	18. MEDICAL CERTIFICAT	Mospilal Records	
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	104	ONSET AND DEATH
1	P.		ONDE! AND DEATH
ns:	4 MMEDIATE CAUSE (A) Meludia		10 days.
ia	ANTECEDENT CAUSE (S)		
ysici	DISEASES OR CONDITIONS, IF ANY. (B) Helesale	iged artero selevario	
Ph	STATING UNDERLYING CAUSE LAST. DUE TO	0	
ند	(C) Hostroje	simal when with obstruction	2+4lax
importan	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
or	DISEASE OR CONDITION CAUSING DEATH.		
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20		5. 45M, from the causes and on the date	
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0	23. BURIAL, OREMATION, DATE THEREOF NAME OF CEMETE	to attend of	
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1	e e	3857 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	03842 we
及	7. Th	Items 8,9,17: film G180 CERTIFICATE OF DEATH Reg. Dist	. No. 216
()	ully.	1. PLACE OF DEATH: 4-29-55 L 2. USUAL RESIDENCE (HOME) OF DECEASE	
	carefull legibly.	- COUNTY MONTGOMENY MARYLAND STATE N. J. COUNTY	
		CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL)	and give nearest town)
	tion	OR and give nearest town) TOWN Bethesda 46 his place) TOWN BE 11121	674.3
m)	information clearly and	HOSPITAL OR INSTITUTION OR SUBJECT ADDRESS Subject ban Hospital	+
	inf	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Dny) (Year)
	m of in	DECEASED: OF OF	22 1955
	ite	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday 17 UNDER 1	
5	causes	OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOUSEW TO HOLD TO WORK ON THE WORK OF STREET	CITIZEN OF WHAT
Z	ly e c	13. FATHER'S NAME:	N.O.
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	. E	IS. WAR DECEASED EYER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17 INFORMANT & ADDRESS;	3/3/7
FOR		(Yes, no, or unk) (If Yes, give war or dates of pervice)	To Wash
	G IN	18. MEDICAL CERTIFICATION Mrs. Alfaretta Hatfield 1 DISEASES OF CONDITIONS DIRECTLY LEADING TO DEATH 240 E. Del.Pl. Chicago III.	INTERVAL BETWEEN
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	TH UNFA	DISEASES OR CONDITIONS, IF ANY. (B) Shelwooderste Heart General	10 nuo Sy
MARGIN	F	STATING UNDERLYING CAUSE LAST. (C) Ceneral allowed Course Last.	
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-19		George Starpe M.D. 10644 Cens. Ceva Kennyt	
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A1	PLEA	Surge France 1/21/33" DETHOP Hamilton 10/1000	/V. V.
S S	<u>A</u>	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REGISTRAR 4/22/55 Bessie M. Hompson W.W. Chambers a. Rive	rade Mo

DECEIVED 1955

BUREAU V. S.

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Silver Spring, Md. INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND CEATH ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING T 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work , 1954, to H Aprel, 19 5, that I last saw the deceased 22. I hereby certify that I attended the deceased from J.C. , and that death occurred at M. from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Rutland, Vermont Trans. & Burial Calvary Cemetery DATE REC'D LOCAL 8434 Ga.

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2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNT Prince CITY (If outside corporate limits, write RURAL and give neares OR TOWN Beltsville STREET (If rural give location) (Last) 4. DATE (Month) (Day) (Year) OF DEATH: OF DEATH: 19 S. AGE last biology: If UNDER 1 YEAR IF UNDER: 2-1869 85 yrs. Months Days Hours R 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF COUNTRY? III. 14. MOTHER'S MAIDEN NAME: Rebecca ? INFORMANT & ADDRESS: E. Loveless-Iowa Falls, Iowa Interval Onset Are
STATE Maryland CITY (If outside corporate limits, write RURAL and give neares OR TOWN Beltsville STREET (If rural give location) (Last) (Last) OF BIRTH: 9. AGE last bishday: If UNDER 1 YEAR IF UNDER 2 YEAR II. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME: Rebecca INFORMANT & ADDRESS: E. Loveless-Iowa Falls, Iowa Interval
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RY OR CREMATORY LOCATION (City, town, or county) Adel, Towa ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS Bethesda, Md.
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DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH

3860

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....

I. PLACE OF DEATHY	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MONIGOMERY MARYLAND	STATE COUNT	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
OR give nearest town) (in this place)	OR (1)	1 /- V
HOSPITAL OR	STREET (If purel, give location)	met V
OSTREET ADDRESS Syntyutour	STREET (If rural, give location)	/ /
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) FLORENCE E.	ICHOLSON DEATHAPRL	4 1955
(Type or Print) / LOTE / C. / V. / 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under	
WIDOWED, BIVORCED.	Months	Days Hours Min.
10m, USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12	
done during most of working life, even if retired) INDUSTRY		COUNTRY OF WHAT
How line on Homeleting	mariland	45/4
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Columnof & Walkins	Sothroma 1 Whiteh	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Cinno hoholson Virginistor	- 121el
I8. MEDICAL CE		
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. 11	ONSET AND DEATE
44 Immediate cause (a) Isitra Cran	cal terusuhage	2 days
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Antecedent cause(s) Diseases or conditions, if any. (b)	(Cardio Vurular_	+ years.
giving rise to the above cause		
stating the underlying cause last		W.
(c) ferelate		Just
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Van Cl Na Cl
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(SINIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from	, 1948, to aga 6, 1955, that I last s	on the descent
6		
alive on Ass. 4. 19 5, and that death occurred at /	m. from the causes and on the date st	ated above.
alive on Signature, 19.50, and that death occurred at , (Degree or title)	ADDRESS	DATE SIGNED
fachschumader M. D.	Dorth energy, led	lyr. 7, 55
	RY OR CREMATORY LOCATION (City, town, or count	ty) (State)
Barried (Specify) Chil 9 1955) alem (das From well montgory	_6
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
CREG. 7. 1955 abouter of Croke	Kry W. Barber Taylortwill	my
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED

FOR BINDING

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2261 II AAA

BUREAU V. S.

	3861		CE	RTIF	ICATE	OF D	EATH		Reg. I	Dist. No	0.21	7
1. PLACE OF	F DEATH:					2. USUAL F	ESIDENCE	(HOME)	F DECE	SED:		
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3. FATHER'S	NAME:					14. MOTHER		NAME:		ODA		
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	ed Ever IN U.S. ik.) (If Yes, giv of service)			CIAL SEC	URITY No.	17. INFORM	ant & add					
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EATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:
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3. NAME OF

5. SEX:

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(Type or Print)

13. FATHER'S NAME

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especially 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 民 0 ge 22. I hereby certify that I attended the deceased from 1 B alive dn C. rrect TY

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SIGNATURE REMOVAL (SPECIFY) Burial

St. John's Cemetery

FUNERAL DIRECTOR

Silver Spring,

LOCATION (Cit), town, or country andute) Montgomery Co

. 1955, that I last saw the deceased

8434 Ga.

COUNTY Montgomery MARYLAND CITY Ilf outside corporate limits, write RURAL| LENGTH OF STAY and give nearest town) (in this place) Silver Spring TOWN Since 1948 HOSPITAL OR INSTITUTION OR TOSTREET ADDRESS 3007 Dawson Avenue

IOA USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS

even if retired): Retired Buick Car Dealer

WILLIAM PAUL O'BRIEN

SINGLE, MARRIED.

WIDOWED, DIVORCED

(Specify): Married

(First)

6. COLOR OR | 7.

RACE:

work done during most of working life.

IS. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unk.) (If Yes, give war or dates

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY

GIVING RISE TO THE ABOVE CAUSE

21A. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

STATING UNDERLYING CAUSE LAST

of service)

White

Charles M. O'Brien

(Middle)

OR INDUSTRY:

8. DATE

July

(Last)

4. DATE (Month)

Silver Spring

3007 Dawson Avenue

April DEATH: 9. AGE last birthday IF UNDER

CITYIIf outside corporate limits, write RURAL and give nearest town)

(If rural give location)

Months Days Hours 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?

U. S. A.

(Day)

Potomac. Maryland

14. MOTHER'S MAIDEN NAME

Eliza A. Stearn 17. INFORMANT & ADDRESS

(Md. Nellie W. O'Brien, 3007 Dawson Ave., S. S..

(Year)

19 55

18. MEDICAL CERTIFICATION

16. SOCIAL SECURITY NO.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

DUE TO

(B)

DUE TO

While

198. MAJOR FINDINGS OF OPERATION

218. PLACE (Home, farm, factory.)

21c. WHERE DID (City or town) OR CONTRIBUTING TO CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?

, 19 50, to 4-1-

(County) (State)

20. AUTOPSY

21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while at work at work

and that death occurred at 5:100 M, from the causes and on the date stated above. ADDRESS DATE SIGNED

NAME OF CEMETERY OR CREMATORY

USilver Spring, Md.

23. BURIAL, CREMATION.

19A. DATE OF OPERATION:

SIGNATURE

DATE REC'D BY LACAL

BUREAU V. S.

2361 7 A9A

BECEIVED

3863

CERTIFICATE OF DEATH

Reg. Dist. No.

Tumphy Bethesda, Md:

0000				
1. PLACE OF DEATH:	2.	USUAL RESIDENCE	(HOME) OF DECEASE	0: 1412
a county onto men	MARYLAND	STATE PEW NO	of COUNTY due	end 123
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TOWN Delherd	all 3 his 5 cmm		raid Be	ach
HOSPITAL OR LUbyland	latifro	STREET ADDRESS 1	(If rural give location)	D+ /
STREET ADDRESS 600 0 10 10	engellow tob.	138-	18 97	V /
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		BIRTHPLACE (State	yrs. or foreign country): 12.	CITIZEN OF WHAT
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U 13. FATHER'S NAME: 10	up brutaing	MOTHER'S MAIDEN	NAME:	14.20
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18. WAS DECEASED EVER IN Q.S. ARMED FORCEST 16.	SOCIAL SECURITY NO. 17	7. INFORMANT & ADD	RESS: 15 8-18.	9279
(N) a) of commissi	- m	an O Reill	n Howard G	Beach, n.M
a l	MEDICAL CERTIFICATION			INTERVAL BETWEEN
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DISEASES OR CONDITIONS, IF ANY. (B)		Tacy In	accum	10
STATING UNDERLYING CAUSE LAST.	то	The 12	. '5	44.0
II OTHER SIGNIFICANT CONDITIONS CONTR	the same of the sa	monor	w	TU
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH	DINGS OF OPERATION			20. AUTOPSY?
				YES NO
	LACE (Home, farm, factory, URY street, office bldg., etc.	21c. WHERE DID	City or town) (Coun	ty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJ				
	ile Not while	21F. HOW DID INJUR	Y OCCUR?	
on I am	work at work	n- 111	1	
22. I hereby certify that I attended the de	// // /	1953 to 4/1	J_{\perp} , 195 J_{\perp} , that I last	saw the deceased
anve on	it death occurred at	A M, from the cat	ises and on the date	stated above. re signed
SIGNATURE SIGNAT	2 2 8 M.D.	Roch Th	md.	4/10/15
23. BURIAL, CREMATION. DATE THEREOF	NAME OF CEMETERY	OR CREMATORY L	OCATION (City, town, or	county (State)
Burial 4-02-55	St. Johns	l Q	ueens Co. Ne	w York
DATE REC'D BY LOCAL REGISTRAR'S SIG	11	UNERAL DIRECT	OR // Dather	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

on carefully. The

Supply every item of informati

VS. A15-10-53

BUREAU V. S.

Historia of the Transport

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BECEIVE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S (OF	DEATH
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MINDICAL	DARWIINI	N S CEN	IIIIOAI	M OT	DEATI	I No.
1. PLACE OF DEATH:			2. USUAL RESIDE	NCE (HOME)	OF DECEASED:	
COUNTY Mont.	mery	MARYLAND	STATE M.	e cor	JNTY mm	Lui
CITY (If outside corporation or and give nearest to	limits, write RURAL	LENGTH OF STAY	CITY (If outsid	e corporate lim	its write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 97-	S. Route 24	٥	STREET ADDRESS	270.11	rural, give locati	on)
3. NAME OF (F DECEASED: (Type or Print) Have	Trst) (M	(Iddle)	(Last)	4. DATE OF DEATH	01	(Day) (Year)
5. SEX: 6. COLOR RACE:	7. SINGLE, MA WIDOWED, (Specify):	DIVORCED.	6 OF BIRTH:	9. AGE last b	oirthday: IF UNDE Months	Days Hours Min.
10a. USUAL OCCUPATION work done during mos even if retired):	(Give kind of 10b. K)	IND OF BUSINESS ONDUSTRY:		E (State or fo	oreign country):	12. CITIZEN OF WILA' COUNTRY?
13. FATHER'S NAME:	Palmer		14. MOTHER'S MA	Den NAME:		
15. WAS DECEASEO EVER IN I (Yes, no, or unk.) (If Yes, gi service)	ve war or dates of	OCIAL SECURITY No.:	Mr. Sarah Pa		wither Ger	unantum mp
I. DISEASES OR CONDITION Immediate cause Antecedent cause(s) Diseases or conditions, is giving rise to the above	DUE TO Jane	g to death: easie hemon and J 4×45	though -		of thust	INTERVAL BETWEEN ONSET AND DEATH Scholica Clinith
stating underlying cause II. OTHER SIGNIFICANT (TO THE DEATH BUT DISEASE OR CONDITION	conditions contributions related to	To surjusy TING THE				
19a. DATE OF OPERATION	1: 19b. MAJOR FINDIN	G OF OPERATION:				20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE W PRIMARY or CONTRIB CAUSE OF DEATH.	UTING OF INJURY	(Home, farm, factory street, office bldg., etc Y proposes	Clarker	ling	(County) Menta	(State)
21d. TIME (Month) (Day) OF INJURY 4-24-55	Whi	ile at Not while	Pedistre	and .	1 1	auto
SIGNATURE Shawl	ulted from: Natural		dent , Suicide CHIE DEPU		ide [], Unde EXAMINER EXAMINER	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETER	11.	val [Micity, town, o	r county) (State)
DATE REC'T BY LOCAL	The STRAKS SIGNA	Total	Typher	The	muslen	A reliable

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MAY & 1955
BUTEAU V. S.

Months

Days

US

Hours |

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

(County)

(State)

(State)

COUNTRY?

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1. PLACE OF DEATH:

James PAYNE

Montgomery COUNTY

MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL) end give neerest town)
Bethesda Rural mo 16 days TOWN

HOSPITAL OR INSTITUTION OR STREET ADDRESS. S. Naval Hospital 2. USUAL RESIDENCE (HOME) OF DECEASED

District of Columbia

CITYIIf outside corporate limits, write RURAL and give nearest town) TOWN Washington, D.C.

STREET (If rural give location) ADDRESS 2425 33rd Street. S.E.

3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED DEATH: April 19 55 (Type or Print) Elmer PAYNE 6. COLOR OR | 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS.

RACE: WIDOWED, DIVORCED, (Specify Married White Male IOA. USUAL OCCUPATION (Give kind of) 108 KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT

work done during most of working life. even if retired) Mariner Mariner Retired 13. FATHER'S NAME

Texas 14. MOTHER'S MAIDEN NAME:

Annie LONG

IS, WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service WW I

167

MANT MATO Agres PAYNE Same as above

18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY

GIVING RISE TO THE ABOVE CAUSE

(IF EITHER, NOTIFY MEDICAL EXAMINER)

23. BURIAL, CREMATION.

21D. TIME (Month) (Day) (Year) (Hour)

STATING UNDERLYING CAUSE LAST.

(A) DUE TO

DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

Prachacaremona KT. Kidney INOPERADIC ACCIDENT WAS UNDERLYING [] 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

While Not while at work at work

22. I hereby certify that I attended the deceased from 25 Dec., 19.54, to II Apr., 19.55, that I last saw the deceased , 19 55, and that death occurred at 2:45PM, from the causes and on the date stated above. alive on . A SIGNATURE - LUS CA DATE SIGNED

W. E. FRASER LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

21E INJURY OCCURRED

REMOVAL (SPECIFY) 14 Apr 1955 Arlington National Cemetery Arlington, Virginia Burial

NAME OF CEMETERY OR CREMATORY

REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR Apr

DATE THEREOF

Mattingly Funeral Home 11th Street, S.E. Washington, D.C.

LOCATION (City, town, or county)

FOR BINDING MARGIN RESERVED



DECENSED

2361 81 A9A

BUREAU V. S.

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The Lorent Layers of the State of the Country

MARYLAND STATE DEPARTMENT OF HEALTH-EALTHORN, 19

3866

CERTIFICATE OF DEATH

3866	CERTIFICAT	E OF D	EATH	Reg. Dist.	No.2/3
1. PLACE OF DEATH:		2. USUAL RI	ESIDENCE (HOME	OF DECEASED:	
COUNTY MONT GOME TY CITY (If outside corporate limits, write OR and give nearest town) TOWN	(in this place)	CITY (If	ervland outside corporate lind Darnestown	mits, write RURAL and	ryMontgome
Darnestown (Rura liospital or institution or Street address Rt.# 3 Gai		STREET ADDRESS	(ourg, Maryl	and /
3. NAME OF (First) DECEASED: (Type or Print) MARSHALL	(Middle)	(Last)	4. DATE OF DEATH:	(Month) (Day) April 10.	(Year)
5. SEX: SCOLOR OR RACE: WIDO (Speci	WED, DIVORCED, 3-20	of Birth:	9. AGE last h	yrs. O 10	AR IF UNDER 24 HRS
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired armer 13. FATHER'S NAME:	10b. KIND OF BUSINESS O INDUSTRY: Owner	Virgin	LACE (State or for Nia MAIDEN NAME:	reign country): 12. C	ITIZEN OF WHA
Marshall Payne		Eliza 1	Duke		
15 WAS DECEASED EVER IN U.S.ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			in-Item# 2	2	
1. DISEASES OR CONDITIONS DIRECTL			U W.		Interval Retwee
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	arlivsclerot	e Card	overrele	Disine	10 years.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but a related to the disease or condition causing	not Carcinom	a Shin	, Rt en		10 months
19a. DATE OF OPERATION: 19b. MAJOR	R FINDINGS OF OPERATION				Yes No
SUICIDE OF INJU	CE (Home, farm, factory, stree office bldg., etc.) TRY	(CITY OR	TOWN)	(COUNTY) (ST	rate)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DID IN	NJURY OCCUR?		
22. I hereby certify that I attended the alive in	that death occurred at (Degree or title) M.D NAME OF CEMETE Remington	3 A-M,	from the causes ADDRESS O A TORY LOCATIO Remir	s and on the date s DA' II A P ON (City, town, or coungton, Virg	tated above. re signed y 155 nty) (State)
	Gragtorp				

VS. A15

MARGIN RESERVED FOR BINDING



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OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3867

CERTIFICATE OF DEATH

,		Ui	20	4
Reg.	Dist.	No.	01)	100

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgomery			
CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Rural-Potomac	City(If outside corporate limits, write RURAL and give nearest town or TOWN Rural - Potomac			
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD# 3 Bethesda	STREET (If rural give location) ADDRESS RFD# 3 Bethesda			
DECEASED: (Type or Print) BERNARD PER				
Male White (Specify): married (Oc)	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.			
work done during most of working life, even if retired) Merchant 108. KIND OF BUSINESS OR INDUSTRY: OWNER	11./BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA' Naryland US			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Henry C. Perry	Vandelia Heater			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:			
(Yes, no, or unk.) (If Yes, give war or dates NO 18. MEDICAL CERTIFICAT	Ralph C. Perry- Item# 2			
ANTECEDENT CAUSE (S)	cont disease, chronic 12 years.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7 YES NO X			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, etc. 21c. WHERE DID (City or town) (County) (State)			
OF INJURY OF INJURY OF INJURY OF INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from OS+ alive on 19. April 1925, and that death occurred at				
SIGNATURE	ADDRESS DATE SIGNED D. 1659 Georgetown Rd May 15 April 15			
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or county) (State			
Burial 4-17-55 Potomac	Potomac, Maryland			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL PRECTOR Bethesda, Md.			



BUREAU V. S.

(Day)

Days

22

(Year)

Hours

COUNTRY

CITIZEN OF WHAT

ONSET AND DEATH

AUTOPSY?

(State)

-NO

20

DATE SIGNED

Bethesda, Md.

REGISTRAR

NAMES OF THE PARTY OF THE PARTY

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BUREAU V. S.

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The correct

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()3854

38go CERTIFICATE OF DEATH

or Dist No 216

0003	iteg. Dist.	1400
I. PLACE OF DEATH:		NTGOMERY
COUNTY MONT GOMERY MARYLAND	STATE / PARYLAND COUN	
OR and give nearest town) TOWN CHEVY CHASE MD. RURAL LENGTH OF STAY (in this place) 8 YEARS	CITY (If outside corporate limits, write RURAL at OR TOWN CHEVY CHASE	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS 4201 BRADLEY LA	
3. NAME OF DECEASED: (First) (Middle) OF DECEASED: (Type or Print) ANNA MEKOY F	(Last) (Last) (Last) (Month) (Day OF DEATH: APRIL 1	
5. SEX: 6. COLOR OR RACE: VIDOWED, DIVORCED, (Specify): WIDOWED AUG	1, 1019 /3 yrs. 8 4	ys Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE	HOT SPRING COUNTY ARKANSAS	U. S.
13. FATHER'S NAME: FOWIN RUTHVEN MEKOY	HARRIET MC CAMMON	MEKOY
15 WAS DECEASED EVER IN U.S.ARMED FORCES! 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: 17.	INFORMANT & ADDRESS: KATHLEEN PEO OF AVE.C BILLINGS MONTAN	
18. MEDICAL CERTIFICATI	ION	Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 158 X Immediate cause Antecedent causes (s) 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (a) PERIPHERAL DUE TO LEIO MYO SARC	COMA MKISING PROPI	Onset And Death
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) RETROPERITONE DUE TO QUADRANT (c)	OF ANDOMEN UPPER	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
MARCH 24 1955 LEIOMYOSARCOMA - 1	RETROPERITONEAL AREA	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	t, (CITY OR TOWN) (COUNTY) (S	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MRR.	7 ,1955, to APR 11 , 1955, that I last	saw the deceased
	from the causes and on the date	
23. RURIAL CREMATION, DATE THEREOF NAME OF CEMETE	2011 R ST. N.W. Wash. D. C.	(State)
REMOVAL (Specify) 4-11/-1955	2 Jonesboro ark	canons)
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE REGISTRAR'4/11/55 13 0000000000000000000000000000000000	24. FUNERAD DIRECTOR	ADDRESS D.C.

S. A15



APR 13 1955

BUREAU V. S.

3778

CERTIFICATE OF DEATH

leg. Dist. No. 223

ron medical	Reg. Dist. P	
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	nv. /
COUNTY 7 ON LAMENU MARYLAND	STATE Davy and	mani
CITY (If outside corporate limits, write BURAL and LENGTH QF STAY	CITY (If outside corporate limits, write RURAL and g	ive nearest town)
TOWN TOWN TOWN COMPANY TOWN	TOWN Silver Spring	56
HOSPITAL OR	STREET (If rural, give location)	0 /
15 INSTITUTION OR AS hing ID & Sanitarium & Hosp	ADDRESS 922 Rosemere	ave.
3. NAME OF (Fig.) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) May ward George	DEATH 4-	15 1908
5. SEX 6. COLOR OR RACE 7. SURGLE, MARRIED, WIDOWED, (DIVORCED, (Specify))		er I year If under 24 hr s Days Hours Min
11216 Specify Markied	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHA
done during most of working life, even if retired) 10b. Kind of Business on Industry	M Vibrain Country)	COUNTAY
13. CATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.214
Homen S. Plant	Florence E. Harber	· ·
15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no or unknown) (If yes, give was or dates of very vice)	HADELR PROJET - M	1:-le)
18. MEDICAL CE	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEE
7914	. 0 ,	1.0
Immediate cause (a) Cliente Caroli	ac failure	1/2 ter
Disease or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		HE REST OF THE PROPERTY WHICH CHEMISTRATE PROPERTY AND P
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Until Malle	like	13%
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNT	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m,	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes of accident , suicide , homicide , SIGNATURE (Degree or title)	ased died on the day stated above, and death in my	p opinion resulted DATE SIGNED
Burial (Sprefty) 4/19/55 Geo. Wash. N	Mem. Cemetery Prince George C	
REG- 20- 93 F. William Cools	24. FUNERAL DIRECTOR 8434 Ga	ADDRESS
	Jilver Silver	opring Ma

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral standard or use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be find that the first of the fi

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH				2. USUAL RESIDEN	VCE (Where o	deceased lived. If it	nstitution: Reside	nce before a	dmission'
a. COUNTY				e. STATE		b. COUNT	Υ	known	
	ntgomery if outside corporate limits,		MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	ginia	marata limite weita			
write RURAL and	give nearest town)		c. LENGTH OF STAT IN ID			porare ilmits, write	KOKAL end give	Hearest IOM	,
	thesda		103 days		folk				
d. NAME OF HOSPIT	al Charles i'c	enter	tal, give street address)	d. STREET ADDRESS	5				A FARM?
The	a National I	nstit	utes of Healt	h 761	L Marvi	n Avenue		YES	NO 🗌
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Day	Yeer	
(Type or print)	Ethe	1	Louise	Potter	DEAT	H Apri	1 19	19	55
5. SEX	6. COLOR OR RACE 7.			8. DATE OF BIRTH		9. AGE (In yeers)	IF UNDER 1 YEAR	IF UNDER	24 HRS.
Domala		WIDOWED		October 1. 1	1898	Jast birthday)	Months Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work		D OF BUSINESS OR INDUST				12. CITIZEN	OF WHAT C	OUNTRY
	rking life, even if retired)			North Care			U.S.A.		
HOUS	ewife	HO	me	14. MOTHER'S MAIDEN	-		U.D.M.		_
	illiam Pulla		OCIAL CECUMON	Corenne Co	OOK				
	ER IN U.S. ARMED FORCE fyes give wer or dates of serv			INFORMANT		Address			
No				The Medical F	Record,	The Cli			
	EATH [Enter only one ca	use per lin	e for (a), (b), and (c).]					NTERVAL BET	
	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carc	inoma of Cer	rix			100		
	DUE TO								
Conditions, if eny		Puel	mephritis and	d Peritonitis	S				
gave rise to immedi	ate cause	1 3020	mopili roto wi					1 65	-
(a), stating the u	nderlying DUE TO	Нера	tic failure,	sacondary to	metast	asis	625675		
cause last.	CO		RIBUTING TO DEATH BUT N				N IN DART 1(a)	10 WAS A	LITOPSY
E PARI II. OTHER	SIGNIFICANT CONDITIO	NAS CONTI	NOOTING TO DEATH BOT IN	OF RELATED TO THE TERM	HINE DISEASE	CONDITION GIVE	IN IN FART I(0)	PERFO	DRMED?
<u> </u>								YES X	ио []
OR CONTRIBUTING	CAUSE OF DEATH	Ob. DESCI	RIBE HOW INJURY OCCURE	D. (Enter nature of injury in	n Part I or Part	II of item 18.)			
	MEDICAL EXAMINER)								
20c. TIME OF INJU	RY Month, Day, Year			ACE OF INJURY (Home, fer		ty or town)	(County)		(State)
Hour a.m.	19	While at work	Not While 180	clory, street, office blog., et	(C.)				
Print) attende	ed the deceased from	Jan 6	10 55 4	Anril 19	9 10 55	that (I) ((wa) lac
	sed alive on	7	19.55., and tha	t death occured at	M, fro	m the causes a	and on the c		
220. SIGNATURE	AP de		1	ATTENDING	MED.	STAFF		22b	SIGNEL
11000	U. CAN	and	7	A.D. PHYS.	DIRECTOR	PHYS.			
22c. PHYSICIAN'S NAME (Type)				The CI	inical	Center			
							f Health	1	
	ON, 23b. DATE THEREC	OF	23c. NAME OF CEMETERY	OR CREMATORY	238. 10	CATION (City, tow	n or county)	(SI	tate)
REMOVAL (Specify)	April 22,	1955	Forrest Law	m, Granby St	reet,	Norfolk,	Virgini	a	
24 FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	25a. RE	C'D BY REGIS	STRAR 256. REG			7
Ewell &	Williamson,	436	W. 35th St.,	Norfolk DATE A	UG 2 '	61 a	Thur S. the	LOLE	
			Vir	ginia					

10/61 mnb

Cantriday Figure Horiotta patron for the light of the least of the light of forms of mesoures are the least EARLOTE SUICE OF DISSEMBLE Talant Isomilia mer perioda merani BETAGENERS OF TENENSES PRODUCE OF THE A CENT OF LAMBOUR OF THE THE PARTY OF THE PA abutacto patotron amount consideration of the SS firms and Y and a file of the profession of the profes COUNTY

TOWN

3. NAME OF

DECEASED

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 RTIFICATE OF DEATH Reg. Dist. No. 2/6 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED onloomery MARYLAND COUNTY CITY (If outside corporate limits, write RURAL) OR and give nearest town) CITY(If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place) TOWN dous h LC Y HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS (First) (Middle) DATE (Month) (Day) (Year) OF (Type or Print) DEATH 19 COLOR OR 7. SINGLE, MARRIED. OF BIRTH: DATE 8. 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS I RACE: WIDOWED, DIVORCED, Months Days Hours (Specify): Idowed yrs. IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS 1. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? even if retired) YLC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 18. SOCIAL SECURITY NO. 17. INFORMANT & 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND (A) MMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21p. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while While at work L at work 22. I hereby certify that I attended the deceased from 3/3 , 195 1, to 4/23 1955, that I last saw the deceased and that death occurred attill AM, from the causes and on the date stated above. DATE SIGNED 4-23-5 SIGNATURE ADDRESS LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY (State) 23. BURIAL, CREMATION. DATE/ THEREOF REMOVAL (SPECIFY) andy DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS

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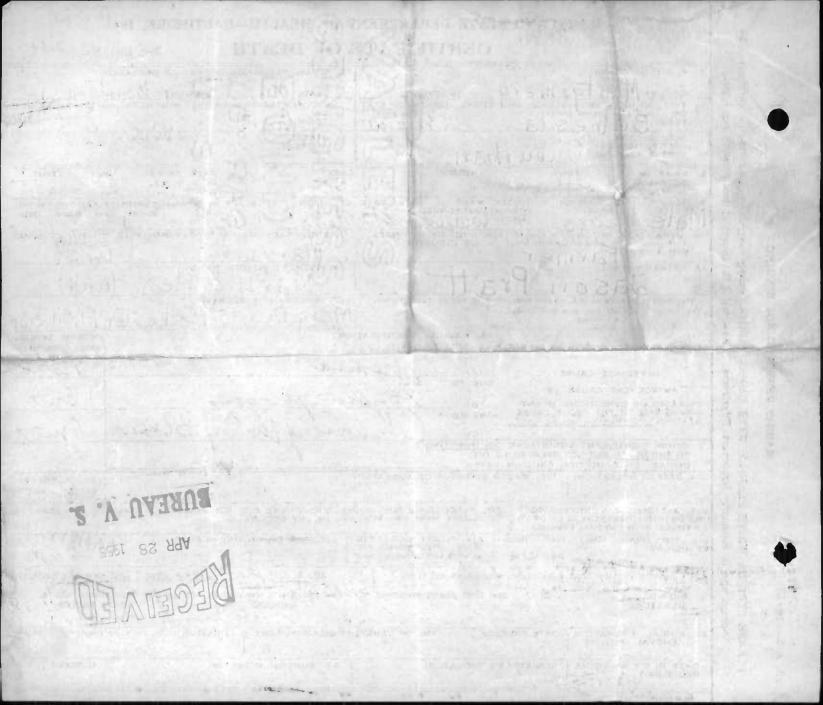
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OF INJURY

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REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED STATE West VirginiauNTY CITY(If outside corporate limits, write RURAL and give nearest town) (If rural give location) Street DATE (Month) (Day) (Year) DEATH: April 19 9. AGE last birthday IF UNDER ! YEAR | IF UNDER 24 HRS Days Months Hours 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME: Myrtle BLANKENSHIP 17. INFORMANT & ADDRESS: Father Prentice PRINCE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. THE 19A. DATE OF OPERATION: 21c. WHERE DID (City or town)

(C)

YES XX

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218. PLACE (Home, farm, factory. OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER)

INJURY OCCUR? 21F. HOW DID INJURY OCCUR? (County) (State)

ADDRESS

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E INJURY OCCURRED
While Not while at work at work

22. I hereby certify that I attended the deceased from 24 Mar, 19.55 to 18 Apr., 19.55 that I last saw the deceased . 1955 , and that death occurred at 4:15M, from the causes and on the date stated above.

THELEN LCDR MC USN U. S. Naval Hospittal, NNMM, Bethesda, Maryland BURIAL, CREMATION,

LOCATION (City, town, or county)

Burial Transit

1955 21 Apr DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE West Virginia

A. Pumphrey Funeral Home registran 1955 Wisconsin Avenue, Bethesda, Md.

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BUREAU V. S. 2361 98 **8**d∀

MARYLAND STATE DEPARTMEN'	T OF HEALTH—BALTIMORE 18	13858
3779 CERTIFICATE		No. 223
DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
only MARYLAND	STATE W. COUNTY Men	tomen
tside Prorate Pmits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
Telon oul 3 (in this place)	TOWN SILVER SPRITYS	56
OR N OR	STREET (If rupal give location)	0/
DRESS Washington Sand Hasp	8406 Gueen a.	mes Dr.
(First) (Middle) (Last) 4. Date (Month) (I	Day) (Year)
(1) Ernest Edward	Reasolon DEATH: 4	15 1953-
COLOR OR 7. SINGLE, MARRIED, NAME OF THE STATE OF THE STA	9. AGE last birthday 17 UNDER 1 Y Months D	ays Hours Min.
CUPATION (Give kind of 108 KIND OF BUSINESS ing most of working life. PR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
Director of education from Bon	k Va.	251
B. H. Rearden	Mary C. Bailer	
EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
of service) W W	Husp Records	
An AMPAGAL TOTAL	ION	1
18. MEDICAL CERTIFICATE		INTERVAL BETWEEN
	· W On	ONSET AND DEATH
R CONDITIONS DIRECTLY LEADING TO DEATH X HATE CAUSE (A) MAIN	gnow Melanoma	
R CONDITIONS DIRECTLY LEADING TO DEATH (A) DUE TO	gnant Melanoma	
TATE CAUSE ONDITIONS DIRECTLY LEADING TO DEATH (A) DUE TO CONDITIONS, IF ANY, (B) WITH A	gnant Melanoma netastases to bones	
CONDITIONS DIRECTLY LEADING TO DEATH (A) MARINE (A) DUE TO DUE TO CONDITIONS, IF ANY, O THE ABOVE CAUSE ERLYING CAUSE LAST.	gnant Melanoma netastases to bones	
CONDITIONS DIRECTLY LEADING TO DEATH (A) DUE TO CONDITIONS, IF ANY, O THE ABOVE CAUSE ERLYING CAUSE LAST. (C) OUTPIECANT CONDITIONS CONTRIBUTING	gnow Melanoma netastases to bones spleen & other organs	
R CONDITIONS DIRECTLY LEADING TO DEATH (A) DUE TO CONDITIONS, IF ANY, O THE ABOVE CAUSE CRLYING CAUSE LAST. (B) DUE TO (C) (C) (C) (D) (D) (D) (D) (D)	gnant Melanoma netastases to bones spleen + other organs	
R CONDITIONS DIRECTLY LEADING TO DEATH (A) DUE TO CONDITIONS. IF ANY. O THE ABOVE CAUSE ERLYING CAUSE LAST. (C) OFFICIANT CONDITIONS CONTRIBUTING TH BUT NOT RELATED TO THE CONDITION CAUSING DEATH.	gnant Melanoma netastases to bones spleen & other organs	
R CONDITIONS DIRECTLY LEADING TO DEATH (A) DUE TO CONDITIONS. IF ANY. O THE ABOVE CAUSE ERLYING CAUSE LAST. (C) OFFICIANT CONDITIONS CONTRIBUTING TH BUT NOT RELATED TO THE CONDITION CAUSING DEATH.	gnant Melanoma netastases to bones spleen & other organs	- Unprosen
R CONDITIONS DIRECTLY LEADING TO DEATH (A) DUE TO CONDITIONS, IF ANY, O THE ABOVE CAUSE ERLYING CAUSE LAST. (C) OIFICANT CONDITIONS CONTRIBUTING TH BUT NOT RELATED TO THE CONDITION CAUSING DEATH. PERATION: WAS UNDERLYING WAS UNDERLYING 21B. PLACE (Home, farm, fact, and control of the condition of the c	gnant Melanoma netastases to bones spleen & other organs	20. AUTOPSY?
R CONDITIONS DIRECTLY LEADING TO DEATH (A) DUE TO CONDITIONS. IF ANY. O THE ABOVE CAUSE CRLYING CAUSE LAST. (B) DUE TO (C) DIFFICANT CONDITIONS CONTRIBUTING TH BUT NOT RELATED TO THE CONDITION CAUSING DEATH. DERATION: 19B. MAJOR FINDINGS OF OPERATION WAS UNDERLYING OF INJURY Street, office bldg WAS UNDERLYING OF INJURY Street, office bldg WAS UNDERLYING OF INJURY STREET, office bldg WAS UNDERLYING NOT WEDICAL EXAMINER) WAS UNDERLYING NOT WEDICAL EXAMINER WHOLE A STREET NOT WEDICAL EXAMINER WHOLE A STR	gnant Melanoma netastases to bones spleen & other agains	20. AUTOPSY?
R CONDITIONS DIRECTLY LEADING TO DEATH (A) DUE TO CONDITIONS. IF ANY. O THE ABOVE CAUSE CRLYING CAUSE LAST. (B) DUE TO CONTRIBUTING TH BUT NOT RELATED TO THE CONDITION CAUSING DEATH. CONDITION CAUSING DEATH. CERATION: 19B. MAJOR FINDINGS OF OPERATION WAS UNDERLYING OF INJURY Street, office bldg WAS UNDERLYING OF INJURY Street, office bldg WAS UNDERLYING OF INJURY STREET, office bldg WAS UNDERLYING WAS	gnant Melanoma netastases to bones spleen & other argans ory. 21c. WHERE DID (City or town) (Count 121F. HOW DID INJURY OCCUR?	20. AUTOPSY? YES NO (State)
R CONDITIONS DIRECTLY LEADING TO DEATH A CAUSE INT CAUSE (S) CONDITIONS. IF ANY. O THE ABOVE CAUSE ERLYING CAUSE LAST. OF THE ABOVE CAUSE OF CONTRIBUTING TH BUT NOT RELATED TO THE CONDITION CAUSING DEATH. PERATION: 19B. MAJOR FINDINGS OF OPERATION WAS UNDERLYING OF OPERATION WAS UNDERLYING OF OPERATION WAS UNDERLYING OF INJURY Street, office bldg Y MEDICAL EXAMINER) THE CONDITION OF INJURY OCCURRED While Not while of the work of the w	ory. 21c. WHERE DID (City or town) (Count INJURY OCCUR?	20. AUTOPSY? YES NO (State)
R CONDITIONS DIRECTLY LEADING TO DEATH A CAUSE INT CAUSE (S) CONDITIONS. IF ANY. O THE ABOVE CAUSE ERLYING CAUSE LAST. OF THE ABOVE CAUSE OF CONTRIBUTING TH BUT NOT RELATED TO THE CONDITION CAUSING DEATH. PERATION: 19B. MAJOR FINDINGS OF OPERATION WAS UNDERLYING OF OPERATION WAS UNDERLYING OF OPERATION WAS UNDERLYING OF INJURY Street, office bldg Y MEDICAL EXAMINER) THE CONDITION OF INJURY OCCURRED While Not while of the work of the w	ory. 21c. WHERE DID (City or town) (Count INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 25, 1952 to april 4, 1953, that I last 1:40 QM, from the causes and on the date:	20. AUTOPSY? YES NO (State)
RECONDITIONS DIRECTLY LEADING TO DEATH (A) DUE TO CONDITIONS. IF ANY. O THE ABOVE CAUSE ERLYING CAUSE LAST. (B) DUE TO (C) OFFICIAL TO THE CONDITION CONTRIBUTING TH BUT NOT RELATED TO THE CONDITION CAUSING DEATH. PERATION: 19B. MAJOR FINDINGS OF OPERATION WAS UNDERLYING OF INJURY Street, office bldg., y MEDICAL EXAMINER) (h) (Day) (Year) (Hour) (h) (Hour) (Hour) (h) (Hour) (Hour) (h) (Hour) (Hour) (h) (Hour) (Hour) (Hour) (h) (Hour) (Hour) (Hour) (h) (Hour) (Hour) (Hour) (h) (Hour) (Hour) (Hour) (Hour) (h) (Hour) (Hour) (Hour) (Hour) (Hour) (h) (Hour) (Hour) (Hour) (Hour) (Hour) (Hour) (h) (Hour) (ory. 21c. WHERE DID (City or town) (Count INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 25, 1952 to april 4, 1953, that I last 1.40 QM, from the causes and on the date: ADDRESS DAT	20. AUTOPSY? YES NO (State) saw the deceased stated above. TE SIGNED
RECONDITIONS DIRECTLY LEADING TO DEATH (A) DUE TO CONDITIONS. IF ANY. O THE ABOVE CAUSE ERLYING CAUSE LAST. (B) DUE TO (C) OFFICIAL TO THE CONDITION CONTRIBUTING TH BUT NOT RELATED TO THE CONDITION CAUSING DEATH. PERATION: 19B. MAJOR FINDINGS OF OPERATION WAS UNDERLYING OF INJURY Street, office bldg., y MEDICAL EXAMINER) (h) (Day) (Year) (Hour) (h) (Hour) (Hour) (h) (Hour) (Hour) (h) (Hour) (Hour) (h) (Hour) (Hour) (Hour) (h) (Hour) (Hour) (Hour) (h) (Hour) (Hour) (Hour) (h) (Hour) (Hour) (Hour) (Hour) (h) (Hour) (Hour) (Hour) (Hour) (Hour) (h) (Hour) (Hour) (Hour) (Hour) (Hour) (Hour) (h) (Hour) (ory. 21c. WHERE DID (City or town) (Count INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 23, 1952 to april 4, 1953, that I last 1962 M, from the causes and on the date: ADDRESS DAT BY OR CREMATORY LOCATION (City, town, or	20. AUTOPSY? YES NO (State) saw the deceased stated above. TE SIGNED My (State) (State)

Nineveh, New York

ADDRESS

8434 Ga. Ave.

24. FUNERAL DIRECTOR

10 - 53A15-VS.

DELVIEDEN PR 81 1955

BUREAU V. S.

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Supply every item of information carefully.

UNFADING INK.

PLEASE TYPE OR WRITE PLAINLY,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1803859

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:		
	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE West Virginianty	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	Y CITY(If outside corporate limits, write RURAL and give neare	st town)
X OR and give nearest town) Bethesda Ruzal (in this place) 1 mo 2 day	ys Town Charleston 85x	3
HOSPITAL OR	STREET (If rural give location)	
STREET ADDRESS. S. Naval Hospital	200 F Snowhill Drive	V
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Ye	
(Type or Print) George Basron	RUBERTS ST. DEATH: APLIT 12 19	うう
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED DIVORCED. 1-15	E OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS Hours 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF	WHAT
even if retired): None None	West Virginia COUNTRY?	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
George B. ROBERTS Sr.	Sylvia J. WILLEY	
IS. WAR DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	Mrs. Sylvia J. ROBERTS Mother	
(Year no, or unk.) (If Yes, give war or dates of service)	Same as above	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. A010	DPSY7
	YES	но 🖂
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facontributing CAUSE OF DEATH OF INJURY street, office bldg	actory. 21c. WHERE DID (City or town) (County) (St g., etc. INJURY OCCUR?	ate)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ED 21F. HOW DID INJURY OCCUR?	

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3780

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

TAKOMAPARK 12,DL.

	Reg. Dist. No	
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND MARYLAND	Maruland	Mark
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and giv	e nearest pown)
TOWN Laterna Park OS.A.	TOWN Steven Derma	V 56
HOSPITAL OR INSTITUTION OR	STREET (If ryrai, give location))
STREET ADDRESS Washington San. + Hosp.	9120 Fingra auz	-
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE / (Month)	(Day) (Year)
(Type or Print) about Lester	Rogers DEATH apr	8 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. NATE OF BIRTH 9. AGE last birthday / If under	I year If under 24 hrs
Male White (Specify) many	112-4-1905 49 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		. CITIZEN OF WHAT
Engineer Aliabing an Station	Ohio	COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	71 4 4
Samuel 190gers	Harriett Hagerty	
15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. Yes. no, or unknown) (If yes, give war/or dates of		weren st NW
service)	Raymond Rogers washing In	De No
18. MEDICAL CEI		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1		1
Immediate cause (a) Coronary oc	clusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, (b)		death
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
		Yes No X
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not while work at work		
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decention in the natural causes of accident of suicide of homicide of the suicide of homicide of the suicide of homicide of the suicide of homicide of homi	Address Laithersburg md	DATE SIGNED 4-8-55
DATE REC'D BY LOCAL REGISTRAL SUPPLIES	11.	r, ma
AREG. 8 1965 FILLIAM WORLD	Joseph Callins 254 CARROLL	ADDRESS T. N.W.,

VS. Alba

FLFASE WRIFE

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BUREAU V. S.

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BUREAU V. S.

	3874 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	3862
	Ttems 8.12 FilmG180 4-25-55 et CERTIFICATE OF DEATH Reg. Dist.	No. 2/4
	Items 8,12 FilmG180 4-25-55 et 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	1
	COUNTY Montgomery MARYLAND STATE Maryland COUNTY	Htgomery
5	CITY (If outside corporate limits, write RURAL LENGTH OF STAY) CITY (If outside corporate limits, write RURAL an	d give nearest town)
2	X TOWN When to he a toh by S TOWN When to he a toh	X
	IIOSPITAL OR INSTITUTION OR (If rural give location) ADDRESS	, /
5	OD STREET ADDRESS None	57
1	3. NAME OF DECEASED: (Middle) SCAFIGE (Last) 4. DATE (Month) (Day) OF DEATH: 17	(Year) 19 J 5
1000	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 1/2 / 21 / 18/7 9. AGE last birthday: If UNDER 1 YE WIDOWED, DIVORCED, 1/2 / 21 / 18/7 / 7 yrs. Months Da	
1	10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR 11. BIRTAPLACE (State or foreign country): 12. C C C	ountry? Italy
200	13. FATHER'S NAME: JOHNE JIC/14 ITTO/4	10019
3	VINCENT LOMBARDO BENEDETTE BEIAG	SUA
2	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: CAFIDE C. (Yes, no, or unk.) (If Yes, give war or dates of	
2	NO Service) - NONE 11717 KINGTREE RD, WHEATON	, MD.
T AA	18. MEDICAL CERTIFICATION	Interval Between
200	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Death
7100	Immediate cause (a) DUE TO	July .
	Antecedent causes (s)	+
וטווטו	Diseases or conditions, if any, (b) (b) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	·····
375	(c)	
7	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
	related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
ra	IN DATE OF OTERATION.	Yes No Z
Minpo	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE OF TOWN)	TATE)
lany	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Work At Work	
bec	22. I hereby certify that I attended the deceased from 4-15, 1955 to 1719 55 that I last	saw the deceased
TS GS	alive on 1955, and that death occurred at 5,00 m, from the causes and on the date s SIGNATURE (Degree or title) DA ADDRESS ADDRESS	stated above. TE SIGNED
N SE	23. BURIAL, OREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or countries of Company).	inty) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS
	REGISTRAR 19-25 Trances Cotter W.W. Chambero Co 1400 Chay	hin Strw.
	W^{a}	ash, O.C.

BUREAU V. S.

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS. A15-

PLEASE TYPE OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03863 CERTIFICATE OF DEATH Reg. Dist. No. 2

		teg. Dist.	140.		
oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):		
legibly	COUNTY MARYLAND	STATE Maryland COUNTY Prince	ce George		
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a:	nd give nearest town)		
and	OR and give negrest town) TOWN (in this place)	TOWN Hyattsville	11-15-2		
	HOSPITAL OR	STREET (If rural give location)			
clearly	INSTITUTION OR KONSINATOR U-110001	5805 Queen Chapel Ros	ad ,/		
	3. NAME OF (First) (Middle)		Ony) (Year)		
death	OECEASED: Mary White So	hor & DEATH: APPIL	14 1955		
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Widowed 15 M	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y			
ses	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT		
causes	work done during most of working life. even if retired): Housewife Own home	Little Rock, Arkansas	COUNTRY		
the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
	Robert J. T. White	Mary Taylor			
write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
96	(Yes, no, or unk.) (If Yes, give war or dates of service) none	Mr. Edward G. Scharf, 3809 Black			
pleas	18. MEDICAL CERTIFICAT	rion Chevy Chase,	INTERVAL BETWEEN		
d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 ,	ONSET AND DEATH		
8/2	MMEDIATE CAUSE (A)	ebral Ihrombosis	P 30 1.0		
Physicians	DUE TO				
ysic	DISEASES OR CONDITIONS, IF ANY. (B)	reprol Arteriose tross	194,5		
Ph	STATING UNDERLYING CAUSE LAST. DUE TO	1 1 1			
نب	(c) 5EME	rolized Anemoselous	20115		
tal	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
important.	DISEASE OR CONDITION CAUSING DEATH.				
im	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?		
Jy.			YES NO W		
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. OR CONTRIBUTING CAUGE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County) (State)				
est	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?			
13.					
98	22. I hereby certify that I attended the deceased from	evil, 1955, to 14 April. , 1955, that I last	saw the deceased		
cd	alive on 1955, and that death occurred at 5 3 M, from the causes and on the date stated above.				
ect	SIGNATURE / ///	ADDRESS	E SIGNED		
orrect	Men on or hale M	1. D. 1. Surgen 1906 Delen jung le			
0	REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or			
	Burial 4/16/55 Lake View Ce				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL BIRECTOR 8434 Ga.	ADDRESS Ave.		
	4-12-23 Glances Selen	Ubruen & Tumphusy, Silver Si	oring. Md.		

APR 18 1955

BUREAU V. S.

DESCRIPTION OF THE PROPERTY AND VALUE OF THE PARTY OF THE

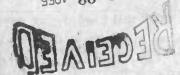
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Molesworth, Damascus, Md.

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LUREAU V. S.

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BUREAU V. S.

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BECEINED

VS. A15 — 10 - 53

a	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18)	3886
. The	3781 CERTIFICATI	E OF DEATH Reg. Dist	. No. 223
ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
carefully legibly.	COUNTY Mintageness MARYLAND	STATE Maryland COUNTY MAN	Mamury
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give newrest town)
tion	17 TOWN Tokema Park (in this place)	TOWN Jakoma Park	17
of information ath clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS & Pine Avenue	STREET (If rural give location) ADDRESS 8 Pine ayener	1
in h c			Day) (Year)
m of death	(2) 100	SHURE DEATH: Apr.	8 1955
ite	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married action	our 31,100/ 6/ yrs.	Days Hours Min.
causes	work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. Silver Creek, New york	COUNTRY?
Supply every te the causes	13. FATHER'S NAME: George Towns	Bertha Smith	
INK. Suse write	(Yes, no, or unk.) (If Yes, give war or dates of service)	Ralph G. Shure, Springer	ook, S.S. Me.
	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
ADING s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
AL IS:	IMMEDIATE CAUSE (A) Unema		4 days.
UNF	DUE TO	. 1/2 / 5	
	DISEASES OR CONDITIONS, IF ANY. (B) NyperTer	newe (Hert Vislase	15 years
-	STATING UNDERLYING CAUSE LAST. (C) AT Texas	cherosis Bluerolige &	15 4 Pacs.
anta	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
LY	DISEASE OR CONDITION CAUSING DEATH.		
LAINLY, W	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
RITE PL specially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (Cour etc. INJURY OCCUR?	ty) (State)
× 0	OF INJURY OF INJURY OF INJURY OF INJURY OR INJURY OR INJURY M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
OF	22. I hereby certify that I attended the deceased from 2. 60	2.c , 1953, to & Apr. , 1955; that I las	t saw the deceased
E TYPE	alive on 7 770. , 1953, and that death occurred at SIGNATURE	ADDRESS Telloma Park DA	
	Madelen	I.D. 11/2 William Hue. 5	14/21.7733
PLEASE	23. BURIAL, CREMATION, DATE THEREOF RAME OF CEMET REMOVAL (SPECIFY) April 1/-1955 Rock Creek	Cemeley Washington,	10.C
PI	PAGE REC'D BY LOCAL REGISTERAS SIGNATURE STORY	J. Whur Hallers, 254 Carre	estiw. Le

BUREAU V. S.

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(State)

Maryland

Bethesda

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BUREAU V. S.

Silver Spring. Md.

BELBEL HO WEST DETERMINED.

BUREAU V. S.

2361 7 A9A

BECENA ST

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The VS. A15-10-53

CINDINITICALIN	of DEATH—BALTIMORE, 18 03869		
3880 CERTIFICATI			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Montgomery MARYLAND	STATE COUNTY		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Details and a corporate limits, write RURAL (in this place) 2/12 days	OR		
A Bethesda 1 24) days	TOWN Washington, D. C. 47 x 3		
SOSTREET ADDRESS Natl Institutes of Health	ADDRESS (If Fural give location) 2830 R St., S.E.		
3. NAME OF (First) (Middie)	(Last) 4. DATE (Month) (Day) (Year)		
DECEASED: (Type or Print) Josephine S.	Smith OF DEATH: April 19 1955		
F WIDOWED, DIVORCED, (Specify): Divorced March	h 3, 1908 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, or in INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?		
Auditor Federal Government	D.C. U.S.A.		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
T. Shiro	Margaret Sigand		
15. WAR DECEASED EVER IN U.S. ARMED FORCES: 18. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:		
No of service) 577-07-2322	The medical record, The Clinical Center		
18. MEDICAL CERTIFICAT			
ANTECEDENT CAUSE (S)	tademoma of overy		
(C)			
TO THE DEATH BUT NOT RELATED TO THE CARCINOMA	of brest, metastatic		
DISEASE OR CONDITION CAUSING DEATH.	NI CONTRACTOR OF THE CONTRACTO		
None None	20. AUTOPSY? YES NO		
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. INJURY OCCUR? NONE			
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug.	19, 1954, to Apr. 19, 1955, that I last saw the deceased		
alive on Apr. 19 , 1955 , and that death occurred at	ADDRESS DATE SIGNED		
28. BURIAL, CREMATION, VOATE THEREOF NAME OF CEMET	A.D. Natl. Institutes of Health Apr 19, 1955 TERN OR CREMATORY LOCATION (City, town, or county)		
azurial 703-1935 fort	Lincoln Colmar manor, hid		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 4/2/155 Burin hompion	J. Wm Lee Sons Co-Wash al		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

og Diet No 216

	Neg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONTAOMERY MARYLAND	STATE Maryland COUNTY Montagner	~~/
CITY (If outside corporate limit, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest	town)
X TOWN Bethesda 1 Day	TOWN Bethesda X	
HOSPITAL OR	STREET // (If rural give location) /	
4STREET ADDRESS Suburban	5211 Goodard Road	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year))
(Type or Print) AME - 5/	NI/N DEATH: April 10 1956	5
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	Months Days Hours	Min.
manual your	11. BIRTHFLACE (State or foreign country): 12. CITIZEN OF W	A/41.4 =
work done during most of working life. even if retired)	COUNTRY	VHAI
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
- Rm. Th	1	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: 1	7/-
(Yes, no, or unk.) (If Yes, give war or dates	52114 1 Smile	chy
NO 10 de vice	JAII JOOGLAND Rood, Belleda,	791
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION INTERVAL BET	WEEN
157X		
IMMEDIATE CAUSE (A) Carcus	na Pancreas : yea	asl
ANTECEDENT CAUSE (8:		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C)	•	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	skeld a store Ridneys	
19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	allo myocordiolyula 20. AUTOP	SY2
Dec. 34 Sobectorny left lo	wer yes No	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, Term, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County) (State INJURY OCCUR?	e)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
OF INJURY M. While Not while at work at work	A	
22. I hereby certify that I attended the deceased from		
	AND P M, from the causes and on the date stated above.	
SIGNATURE / R. M. B. B. C. C.	ADDRESS an NW HIT/ST	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	11/1/05	State)
REMOVAL (SPECIFY)		lan
Cremation 4-18-55 Gedar Hill	1 Crematory Prince George Mary 24. EUNERAL DIRECTOR ADDRESS	Tail
REGISTRAR 4/18/55 Blasse. M. Shom & non	Rabert a. Domplace Bethesda, M	ld.

MARGIN RESERVED FOR BINDING

correct age is especially important. Physicians: please write the causes of death clearly and legibly

OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

VS. A15-10-53

PLEASE TYPE

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BUREAU V. S.

2361 18 89A



A PARTY OF THE REAL PROPERTY OF THE PARTY OF

7557 Wisconsin Avenue, Bethesda, Md.

DECENTED

BUREAU V. S.

STATE OF THE STATE

1622 III

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3883

CERTIFICATE OF DEATH

eg. Dist. No. 5/6

	OEKIIFICAI	E OF DEATH Reg. Dist	. No. 216
Story.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HONE) OF DECEASE	gomeny
מוומ	CITY (If putside corporate dimits, with RURAL OR stay give nearest with TOWN (If this place)	TOWN LEWIS COM	1 X
realty.	HOSPITAL OR INSTITUTION OR 3900 Hangeden St.	STREET ADDRESS 900 Hampde	_ ′
TCG P11	3. NAME OF DECEASED: (Type or Print) Pillau (Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE: MARRIED. 8. DATE	Still OF DEATH: april	28 (Year) 1955
10 V	S. SEX: 6. COLOR OR 7. SINGLE: MARRIED. 8. DATE WIDOWED DIVORGED, (Specify): 100. COLOR OF BUSINESS		Days Hours Min.
2000	work done during most of working life, even If retired): 13. FATHER'S NAME:	manfand.	SOUSTRYA.
110 011	alexander Pateller 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO.	mary Thomas	4 5
STORY AND	(Yes, no, or unk.) (If Yes, give war or dates of service)	Evelyn R. moses Ken	Hampden St
DIG.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
	442X IMMEDIATE CAUSE (A) Was	ma	3 days
ysicia	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO DUE TO	Reshirtis & Edema	
10. 4 11	STATING UNDERLYING CAUSE LAST. (C) Lyberten	ning C. R. Diseany	
por rar	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	Jones Proteinuria	1954
13 1111	nne		YES NO P
becian	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.		(State)
13 63	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRED While Not while at work at work	£ 26 1027 55	
200	22. I hereby certify that I attended the deceased from New alive on Specific 8, 1955, and that death occurred at		stated above.
orrect	Mebrly Lewell "	A. D. Dorbee & Silver of Sing	4-30.55
0	Buy (specify) april 30,19st Ruerly	TERY OR CREMATORY LOCATION, (City, 167n) of	md.
	REGISTRAR 5/2/55 Bessie M. Homber	Robert Ri Surveler - Rock	ADDRESS

VS. A15 — 10 - 53

PLEASE TYPE OR WRIT

MARGIN RESERVED FOR BINDING

AINLY, WITH UNFADING INK.

Supply every item of information carefully. The

DECEIVED

SOLLOW HOME BELLEY

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3884

CERTIFICATE OF DEATH

Reg Dist No 215

JOOK CHATTETOAT	I OF DEATH Reg. Dist.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
COUNTY Montgomery MARYLAND	STATE Idaho COUNTY	
CITY (If outside corporate limits, write RURAL on and give nearest town) X TOWN Bethesda Rural LENGTH OF STAY (in this place) Imo 11 days	CITY(If outside corporate limits, write RURAL a	nd give nearest town
HOSPITAL OR	STREET (If rural give location)	
5/street address U. S/ Naval Hospital	116 North Fisher P.O. B	ox 347
S. NAME OF (First) (Middle) DECEASED: (Type or Print) William Mahon TO	OF	Oay) (Year) 24 19 55
RACE: WIDOWED, DIVORCED.	E OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	aya Hours Min.
on USUAL OCCUPATION (Give kind of work done during most of working life, or INDUSTRY: Thing tight Attache U.S. Govt Treasury De		CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William M. TOMLINSON	L Celestine WEST	
(Yes, no, or unk.) (If Yes, give war or dates of service) Unknown	Wife Mrs. Phyllis TOMLINSON Same as above	
18. MEDICAL CERTIFICA		INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
HIGH CAUSE (A) Condral In	Parction, Massie, Right Jamps-	
DUE TO		11 m 10
	ielal area	1 lipunta
STATING UNDERLYING CAUSE LAST.	(1) - PD' A	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ie devid Flatool	10 years
TO THE DEATH BUT NOT RELATED TO THE		9
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	DN .	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of Contributing Cause of Death OF Injury street, office bldg. (If either, notify medical examiner)	tetory, c., etc. 21c. WHERE DID (City or town) (Count injury occur?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 13	Mar 19 55 to 24 Apr 19 55 that I last	saw the decease
alive on 24 Apr 19 55, and that death occurred at	t 5:00P M, from the causes and on the date	
SIGNATURE SQUILLIAMS	middal MMMM Dathanda Marriland	. B 5-01-02
R. G. WILLIAMS LCDR MC USN U. S. Naval Hos	TERY OR CREMATORY LOCATION (City, town, or	county) (State
R. G. WILLIAMS LCDR MC USN U. S. Naval Hos	TERY OR CREMATORY LOCATION (City, town, or	county) (State

MARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully.

VS. A15 — 10 - 53

PLEASE TYPE

BUREAU V. S.

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WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE OR

Supply every item of information carefully. The

VS.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMO
3789	CEF	RTIFICATE	OF	DEATH

RE,	18	03	38	7	4	
Reg.	Dis	t. N	lo.	2.	2	3

Specify Spec		3782 CENTIFICATI	d of DEATH Reg. Dist	i. No.
HOSPITAL OR STREET ADDRESS HOSPITAL OR STREET ADDRESS If rulal give Restion	ly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
HOSPITAL OR STREET ADDRESS HOSPITAL OR STREET ADDRESS If rulal give Restion	legib	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL	
Secretarion Country	and	1/2/ TOWN		51
Secretarion Country	rly		STREET (If rural give location) /
Secretarion Country	lea	/ Hospital		
10 See: 10		DECEASED:	OF 1	Day) (Year)
Note County Cou	dea	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE		
ON USUAL OCCUPATION Give kind of Ios. KIND OF BUSINESS II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH. COUNTRY! III. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH. COUNTRY! III. MOTHER'S MAIDEN NAME: III. MEDICAL CERTIFICATION IV. NO. of service) III. MEDICAL CERTIFICATION IV. NO. of service) III. MEDICAL CERTIFICATION IV. NO. of service) III. MEDICAL CERTIFICATION INTERVAL BETWEEN NO. of service) III. MEDICAL CERTIFICATION INTERVAL BETWEEN NO. of service) III. MEDICAL CERTIFICATION INTERVAL BETWEEN NO. of service) IV.			Months	
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 15. WAS DECEASED EVER IN U.) ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: 17. INFORMANT & ADDRESS: 17. INFORMANT & ADDRESS: 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 10. SECURITY LEADING TO DEATH 10. SECURITY LEADING TO DEAT	nses	work done during most of working life. OR INDUSTRY:		
1. WAS DECEASED EVER IN U.) ANMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: 17. INFORMANT & ADDRESS: 17. INFORMANT & ADDRESS: 17. INFORMANT & ADDRESS: 18. MEDICAL CERTIFICATION 17. INFORMANT & ADDRESS: 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFI		nsw.		U.S.a.
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IMMEDIATE CAUSE ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO OR CONTRIBUTING CAUSE OF DEATH OF INJURY OF INJURY 21A. ACCIDENT WAS UNDERLYING OF INDINGS OF OPERATION 22ID. TIME (Month) (Day) (Year) (Hour) While at work A twork	SES	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
STATING UNDERLYING CAUSE LAST (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRED While Not while at work Not while SIGNATURE 22. I hereby certify that I attended the deceased from fef. (1956, taying 2, 1956, that I last saw the decease alive of the causes and on the date stated above. SIGNATURE 23. BURIAL. CREMATION. DATE THEREOF AND MEDOF CEMETERY OR CREMATORY LOCATION (City, toyn, or county) (State)	ple			ONSET AND DEATH
STATING UNDERLYING CAUSE LAST (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. INJURY OCCUR? (Injury occur) 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. INJURY OCCUR? (Injury occur) 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. INJURY OCCUR? (Injury occur) 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. INJURY OCCUR? (Injury occur) 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. INJURY OCCUR? (Injury occur) 21B. PLACE (Home, farm, factory) 21C. WHERE DID (City or town) (County) (State) OF INJURY M. D. Washing Occur) ADDRESS DATE SIGNED 22. I hereby certify that I attended the deceased from fef. (1956, toying 2, 1956, that I last saw the deceased alive of the causes and on the date stated above. SIGNATORE 22. I hereby certify that I attended the deceased from fef. (1956, toying 2, 1956, that I last saw the deceased alive of the causes and on the date stated above. SIGNATORE 22. I hereby certify that I attended the deceased from fef. (1956, toying 2, 1956, that I last saw the deceased alive of the causes and on the date stated above. SIGNATORE 23. BURIAL. CREMATION. DATE THEREOF AND AMBROOF CEMETERY OR CREMATORY LOCATION (City, toyin, or county) (State)	.: SI	133/X CEREBRAS	le hemorlage	8 hrs
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21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. INJURY OCCUR? INJURY OCCUR?) 21A. ACCIDENT WAS UNDERLYING COUNTY) (State) 21A. ACCIDENT WAS UNDERLYING COUNTY) (City) 21A. ACCIDENT WAS UNDERLYING COUNTY) (City) 21A. ACCIDENT WAS UNDERLYING COUNTY County) 21A. ACCIDENT WAS UNDERLYING COUNTY County) 21A. ACCIDENT WAS UNDERLYING COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	7.0	(c) Essent	al luxueleusus	15,900
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22. I hereby certify that I attended the deceased from fef. (, 1955, to rief), 19.55, that I last saw the decease alive of rief), 19.55, and that death occurred at 10.46 M, from the causes and on the date stated above. SIGNATURE DATE SIGNED ADDRESS DATE SIGNED 23. BURIAL. CREMATION. DATE THEREOF ADMENOF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Sta				YES NO
22. I hereby certify that I attended the deceased from fef. (, 1955, to rief), 19.55, that I last saw the decease alive of rief), 19.55, and that death occurred at 10.46 M, from the causes and on the date stated above. SIGNATURE DATE SIGNED ADDRESS DATE SIGNED 23. BURIAL. CREMATION. DATE THEREOF ADMENOF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Sta	eciall	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		ity) (State)
22. I hereby certify that I attended the deceased from Jef. /, 1955, to yiel/2, 1955, that I last saw the decease alive on July 12, 1955, and that death occurred at 10.46 M, from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED A. 12.55 23. BURIAL. CREMATION. DATE THEREOF A MAMBOF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Sta		OF INJURY While Not while	21F. HOW DID INJURY OCCUR?	
alive of pris 12, 1955, and that death occurred at 10.48 M, from the causes and on the date stated above. SIGNATURE Applicas M.D. Wash. D. 4, 2, 55 23. BYRIAL CREMATION. DATE THEREOF AMANDOF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Sta		22. I hereby certify that I attended the deceased from Fer	. 1, 1955 taysif 12 1955, that I las	t saw the deceased
	ದ	alive of 12, 1955, and that death occurred at SIGNATURE	10.40 M, from the causes and on the date	stated above.
	COL	23. BURIAL CREMATION DATE THEREOF MAME OF CEMETI		r county) (State

REGEIVED APR 15 1955

BUREAU V. S.

META DEL SPORTINA DE LE PARENT

OR

PLEASE TYPE

A15 VS.

MARGIN RESERVED FOR BINDING

85	CERTIFICATE	\mathbf{OF}	DEATH
~ 0		-	

03875

3885 CERTIFICATI	OF DEATH Reg. Dis	st. 140
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
COUNTY MON GOMEN MARYLAND	STATE ME COUNTY MA	niconcere
CITY (If outside corporate limit, write RURAL OR and give near town) (in this piace)	CITY(If outside corporate limits, write RURAL	and live nearest town)
X TOWN Live - Sauthanburg	TOWN wal- Vailher	shunx
HOSPITAL OR INSTITUTION OR OT SALES	STREET (If rurai give location	
STREET ADDRESS (C.T. R) F)	17.7 6. # 3	
3. NAME OF DECEASED: (First) (Middle) Utter	(Lest) 4. DATE (Month) OF DEATH: CAA	(Day) (Year)
5. SEX: 6. COLOR OR 7. SHISLE: MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER	
RACE (Specify):	8, 1867 85 yrs. 9	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retreat)	BIRTHPLACE (State or foreign country): 12	COUNTRY?
13, FATHER'S NAME:	14. MOTHERS MAIDEN NAME:	(5)
han las Ou il	? histon	
18. WAS DECEASED EVER MU.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	245
(Yes, no, or unk.) (If Vs, give war or dates of service)	Herbert Heflen - ga	Therbug
18. MEDICAL CERTIFICAT	ION	INTERVAL BETAN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Ac-// .	ONSET AND DEATH
IMMEDIATE CAUSE (A) CANONAN	y alluna	30 hus
ANTECEDENT CAUSE (S)	- 1.	2.
DISEASES OR CONDITIONS, IF ANY. (B)	cleroses	50 grs
STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While At work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	190 to 4111 1957 that I las	st saw the deceased
201	12 14 4	
signature and that death occurred at	from the causes and on the date	TE SIGNED
Mr Mustuellin	. D. Mellulle hed a	2gapuls?
BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town,	or county) (State)
15-9-55 1000	100 a love of	12

BUREAU V. S.

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Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2999	CERTIFICATE	OF	DEATE
3888	CERTIFICATE	Or	DEATE

		0.3	Q	70
Reg.	Dist.	No.	O	2025

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY			
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda, Rural LENGTH OF STAY (in this place) 3 days	CITY(If outside corporate limits, write RURAL and give nearest to OR TOWN Riverdale			
HOSPITAL OR INSTITUTION OR STREET ADDRESS. S. Naval Hospital	STREET (If rural give location) ADDRESS 5317 Patterson Drive	1		
	(Last) AUGHAN 4. DATE (Month) OF DEATH: April	14 (Year) 14 19 55		
Female White Specify: Married 12-	9. AGE last birthday FUNDER 1 22-86 9. AGE last birthday Months D			
NOA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Housewife 10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Edward R. ANDERSON	Lizzy SPICER			
(Yes, no, or unk.) (If Yes, give war or dates of service) Unknown	Husband John M. VAUGHAN Same as above			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HEADING CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	deal Infarction, recent soleratic Heart Disease	ONSET AND DEATH 3 days 10 yrss.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?		
21A. ACCIDENT WAS UNDERLYING CR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg	etory. 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	ty) (State)		
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work				
SIGNATURE HORALOGICALINAN	11:30A, from the causes and on the date	saw the deceased stated above. re signed		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY) Butial 17 Apr 1955 Masonic Cen	netery Location (City, town, or Culpepper, Virg			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 14 APT 1955 Paul 6. rarrelle	GUEST Funeral Home Culpepper, Virginia	ADDRESS		

CECEINED ST 848

BUREAU V. &

Chamile in the second of the s

VS. A15

MARYLAND STATE DEPARTMEN		03877
3887 CERTIFICATI	E OF DEATH Reg. Dist.	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE Marvland COUN	Montgomer
CITY (If outside corporate limits write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL ar	
X TOWN Darnestown (Rural) (in this place)	Town Darnestown (Rural)	X
HOSPITAL OR INSTITUTION OR OF 2 Sermanter	STREET ADDRESS 270 #2 Serman	lown 1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) H. Carroll WALTERS	(Last) 4. DATE (Month) (Day OF	
William Control of the Control of th	OF BIRTH: 9. AGE last birthday: IF UNDER I Y	95519 EAR IP UNDER 24 HRS.
Male White WIDOWED, DIVORCED, Comparation 10-	-2-77 77 yrs. Months Ds	Hours Min.
10m. USUAL OCCUPATION Give kind of work done during most of working life, INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12. (CITIZEN OF WHA
even if retired): Farmer Owner	Maryland	US
	14. NOTHER'S MAIDEN NAME:	
Richard H. Walters	Anna M. Thriff INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of		
No service) 217-18-1457-A	Virginia Walters-Item # 2	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Dear
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (a) DUE TO (b) DUE TO	nterwscleration Stypelensine Ciseus.	10 years
11. OTHER SIGNIFICANT CONDITIONS	11 1 + 10	0
Conditions contributing to the death but not related to the disease or condition causing death.	Hypertrophy	1 5 years
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY
21. ACCIDENT (Specify) PLACE (Home farm factory street	t. (CITY OR TOWN) (COUNTY) (S	Yes No No
SUICIDE OF office bidg., etc.) INJURY		(IAIL)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1950 to 10 A ex. 1965, that I last	saw the deceased
alive on 10 Apx., 1955, and that death occurred at	8 P. M., from the causes and on the date :	
Lordon hismith h. D.	Bond Jud 11 Am	vi / 55
23. RORIAL, CREMATION, DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or Lot	
REMOVAL (Specify) 4-13-55 Darnestown	Presby.Ch. Darnestown, Mon	te Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 4/12/55	Beth	esda, Md.
- Gaurell M. Traglore	Married Manney	,

BECEINED

SSEL SI A9A

BUREAU V. S.

VS. A15—10-53

	CERTIFICAT	E OF DEAT	'H Reg. Dis	st. No. \propto /
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEASE	ED:
COUNTY Montgomery	MARYLAND	STATE Me	COUNTY Ments	romery
CITY (If outside corporate limits, write	RURAL, LENGTH OF STAY		corporate limits, write RURAL	
OR and give nesrest town) X TOWN Chevy Chase	(in this place)	TOTAL .	ry Chase	
HOSPITAL OR		STREET	(If rural give location	1)
INSTITUTION OR STREET ADDRESS			604 Drummond Ave.	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year
(Type or Print) ADELAIDE	L. WALTO	N	OF DEATH: April	14 1955
PACE: WIDO	WED DIVORCED	OF BIRTH:	AGE last birthday IF UNDER	
Female White Specif	(y) Widowed Nov. 8	3,1862	92 yrs. Months	Days Hours
	108. KIND OF BUSINESS OR INDUSTRY:	II. BIRTHPLACE	State or foreign country): 12	
even if retired): None	OK INDOSTAT.	N.Y.		COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	
John Phillips		Nera	?	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES		17. INFORMANT 8	ADDRESS: Mr. Harel	d P.Lewald,
(Yes, no, or unk.) (If Yes, give war or date of service)	18	4604 Drummer	nd Ave., Chevy Chas	se,Md.
	18. MEDICAL CERTIFICA			INTERVAL BET
I DISEASES OR CONDITIONS DIRECTI	LY LEADING TO DEATH	. 0	A /-	ONSET AND
IMMEDIATE CAUSE	(A) Cerebral	Throubois	i kemiflegia	10 d
ANTECEDENT CAUSE (S)	DUE TO	111		21/
DISEASES OR CONDITIONS, IF ANY.	(B) Carengue	e of h. vyea	It a metastares	6/24
GIVING RISE TO THE ABOVE CAUSE	DUE TO	U	to trues	/
STATING UNDERLYING CAUSE LAST.	(C)			
II OTHER SIGNIFICANT CONDITIONS	(C) CONTRIBUTING			
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T	CONTRIBUTING TO THE			
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	CONTRIBUTING TO THE	DN		20. AUTOP
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	CONTRIBUTING TO THE DEATH.	DN		20. AUTOP
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 19B. MAJO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	CONTRIBUTING TO THE DEATH.	ectory. 21c. WHERE D	OID (City or town) (Cou	YES N
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING FOR THE DEATH. OR FINDINGS OF OPERATION 218. PLACE (Home, farm, factor) OF INJURY street, office bldg	etery. 21c. WHERE E	R?	YES N
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour OF TNJURY)	CONTRIBUTING TO THE DEATH. OR FINDINGS OF OPERATION 218. PLACE (Home, farm, farm, farm) OF INJURY street, office bldg 218 INJURY OCCURRE While	etory. 21c. WHERE E	R?	YES N
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 19a. DATE OF OPERATION: 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour OF 'INJURY) M.	CONTRIBUTING FO THE DEATH. OR FINDINGS OF OPERATION 21B. PLACE (Home, farm,	ictory. 21c. WHERE DE INJURY OCCUPANTE DE 21F. HOW DID I	NJURY OCCUR?	YES No
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY) M. 22 I hereby certify that I attended	CONTRIBUTING FOR THE DEATH. OR FINDINGS OF OPERATION 21B. PLACE (Home, farm, farm, farm) OF INJURY street, office bldg While at work The deceased from	21c. WHERE E INJURY OCCUP	NJURY OCCUR?	YES No. (States) (States st saw the dec
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY M. 22. I hereby certify that I attended alive on Apr. 14, 1952, 1	CONTRIBUTING FOR THE DEATH. OR FINDINGS OF OPERATION 21B. PLACE (Home, farm, farm, farm) OF INJURY street, office bldg While at work The deceased from	21c. WHERE E INJURY OCCUP	NJURY OCCUR?	yes No (Statest saw the dece
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 19B. MAJO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY) M. 22 I hereby certify that I attended	CONTRIBUTING FO THE DEATH. OR FINDINGS OF OPERATION 21B. PLACE (Home, farm, farm, farm) OF INJURY street, office blds 21E INJURY OCCURRE While Not while at work the deceased from had and that death occurred a	21c. WHERE E INJURY OCCUPATION OF THE PROPERTY	NJURY OCCUR? NJURY OCCUR? NJURY OCCUR? NJURY OCCUR? NJURY OCCUR?	st saw the dece
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 19B. MAJO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY) M. 22. I hereby certify that I attended alive on Apr. 14, 1952, 1856, 1	CONTRIBUTING FO THE DEATH. OR FINDINGS OF OPERATION 21B. PLACE (Home, farm, factor of Injury street, office bldg 21E INJURY OCCURRE While Not while at work at work the deceased from	21c. WHERE E INJURY OCCUPATION OF THE PROPERTY	NJURY OCCUR? NJURY OCCUR? NJURY OCCUR? Note that I lamb to the date of the causes and on the date of the causes are of the causes. Charles are of the cause of	st saw the dece

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BUREAU V. S.

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Physicians:

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MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18	00000
3859 CERTIFICATE		133/8 No. 31/8
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgo	mery
CITY (if outside corporate limits, write RURAL (in this place) OR and give nearest town) Town Bethesda LENGTH OF STAY (in this place) Apr. 20, 1955	CITY(If outside corporate limits, write RURAL and OR TOWN Silver Spring	give nearest town)
HOSPITAL OR Suburban Hospital	STREET (If rural give location) ADDRESS 616 Silver Spring Av	enue /
(Type or Print)	(Last) eide 4. DATE (Month) (Day OF DEATH: April 25	(Year) 19 ⁵⁵
Female 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, April 2	22, 1893 62 yrs. Months Day	R IF UNDER 24 HRS. 8 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Housewife Own Home		TIZEN OF WHAT
13. FATHER'S NAME:	Logan, W. Va.	D. A.
Wm. Alexander DeJarnette	Hulda Blair	
IS. WAR DECEASED EVER IN U.S. ARMED FORCEST (See, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: (Silver Spri Robert L. Weide, 616 Silver Spri	
18. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN
331XIMMEDIATE CAUSE (A) CEREBRAL	Hemornhage	7 d.
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypert DUE TO	ension	10-15 m
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH	J	22
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., (1F EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(State)
21D. Time (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
SIGNATURE	6'20 M, from the causes and on the date ste ADDRESS DATE DATE	



23. BURIAL, CREMATIO REMOVAL (SPECIFY) Burial

Washington, D. C.

April 29,1955 BY LOCAL REGISTRAR'S

Rock Creek Cemetery

ADDRESS umphung Silver Spring, Md.

DATE REC'D REGISTRAR

HANDLE OF RESTREEN

BUREAU V. S.

DEVES 1955

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3890 CERTIFI

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	
	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE COUNTY
CITY (If outside corporate limits, write RURAL) LENGTH OF STA	
OR and give nearest town) Town Bethesda (in this place) 176 days	OR TOWN Washington, D. C. 47x-3
HOSPITAL OR The Clinical Center	STREET (If rural give location)
- INSTITUTION OR	ADDRESS
SOSTREET ADDRESS Natl. Institutes of Health	227 T St. N.E.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Carrie B. W	Whitmore DEATH: April 28, 1955
	E OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
F N N N N N N N N N N N N N N N N N N N	ery 7, 1918 37 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	II. BIRTHPLACE (State or foreign country); I2. CITIZEN OF WHA
work done during most of working life, even if retired): Not stated	Distant of Columbia
	District of Columbia U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jonas Brooks	Eleanor Robinson
15. WAR DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates No Not stated	The medical record, The Clinical Center
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	(lumbar vertebrae, pelvic eriaortic lymph nodes, lungs, neum)
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	ON 20. AUTOPSY?
	20. AUTOPSY7
11-20-54 Tumor in trigone area	YES NO
	20. AUTOPSY7 YES NO (County) (State)
11-20-54 Tumor in trigone area 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	actory. 21c. WHERE DID (City or town) (County) (State)
Tumor in trigone area 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa DR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) While Not while	actory. 21c. WHERE DID (City or town) (County) (State)
11-20-54 Tumor in trigone area 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (If EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRE While Not while at work 1	actory, 21c. WHERE DID (City or town) (County) (State) ED 21f. HOW DID INJURY OCCUR?
11-20-54 Tumor in trigone area 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (If EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRE While Not while at work	actory, 21c. WHERE DID (City or town) (County) (State) ED 21f. HOW DID INJURY OCCUR?
11-20-54 Tumor in trigone area 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, face concentration) 21B.	actory. 21c. WHERE DID (City or town) (County) (State) ED 21f. HOW DID INJURY OCCUR? A. 3. 55p M, from the causes and on the date stated above. The Clinical Center M. D. Natl. Institutes of Health Apr. 29, 1954 TERY OR CREMATORY LOCATION (City, town, or county) (State)
11-20-54 Tumor in trigone area 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work Not while at work 22. I hereby certify that I attended the deceased from NOV. alive on Apr. 28 , 1955 , and that death occurred a SIGNATURE 23 BURIAL, CREMATION, DATE THEREOF NAME OF CEME PROVAL (SPECIFY) DATE THEREOF NAME OF CEME	actory. 21c. WHERE DID (City or town) (County) (State) ED 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? Apr. 28, 1955, that I last saw the deceased to 3:55pM, from the causes and on the date stated above. The Clinical Center M.D.Natl. Institutes of Health Apr. 29, 1951 TERY OR CREMATORY LOCATION (City, town, or county) (State) Markum, Va.
11-20-54 Tumor in trigone area 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, face concentration) 21B.	actory. 21c. WHERE DID (City or town) (County) (State) ED 21f. HOW DID INJURY OCCUR? And Apr. 28, 1955., that I last saw the deceased of 3:55pM, from the causes and on the date stated above. The Clarifical Center M. D. Natl. Institutes of Health Apr. 29, 1954. TERY OR CREMATORY LOCATION (City, town, or county) (State)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Item 9. FilmG181 5-5-55 et	E OF DEATH Reg. Dist. No. 215			
1. PLACÉ OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY MONTGOMERY MARYLAND	STATE New Jersey COUNTY			
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town			
OR and give nearest town) Town Rethesda Rural (in this place) 27 days	TOWN Atlantic City 67x-3			
HOSPITAL OR	STREET (If rural give location)			
5/ STREET ADDRESS U. S. Naval Hospital	210 Florence Avenue			
DECEASED.	(Last) 4. DATE (Month) (Day) (Year)			
(Type or Print) Charles Avery Wigh	HTMAN DEATH: April 26 1955			
RACE: WIDOWED, DIVORCED,	O-22 9. AGE last birthday Months Daya 1F UNDER 1 YEAR Hours Min.			
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner OA. USUAL OCCUPATION (Give kind of working life, work done during most of work done during most	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Earl B. WIGHTMAN	Grace C. MC CLILLAN			
S. WAS DECEASED EVER IN U.S. ARMEO FORCES! 16. SOCIAL SECURITY NO. (Yes. no. or unk.) (If Yes. give war or dates of service) WW II Unknown	Mrs. Mary F. WIGHTMAN (Wife) Same asabove			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 153	onset and death of Descending Colon with metastases 3 months			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?			
4-15-55 Carinoma of Sescender	in Colon with metastases YES NO [
	tony, 21c. WHERE DID (City or town) (County) (State)			
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?			
D. J. WILLIAMS CDR MC USN U. S. Naval Host 23. BURIAL. CREMATION, DATE THEREOF NAME OF CEMETI REMOVAL (SPECIFY)	8:00PM, from the causes and on the date stated above. ADDRESS DATE SIGNED DETAIL, Bethesda, Maryland ERY OR CREMATORY LOCATION (City, town, or county) (State County Crematory Pringe George Co, Md.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 27 Apr 1955 hary 6. tarrelly	R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.			

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PLAINLY, WITH UNFADING INK.

OR WRITE

TYPE

PLEASE

Supply every item of information carefully. The

BUREAU V. S.

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CERTIFICATE OF DEATH

Item 6, FilmG181 5-5-55 et FOR MEDICAL	L EXAMINERS Reg. Dist. No.	. 115
i. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	Y /> //
Mout gomery MARYLAND	Md.	allend.
CITY (If outside corporate limits, we te RURAL and LENGTH OF STAY OR give nearest town) (in this place)	OR CITY (If outside corporate limits, write RURAL and give	ve nearest town)
// IUWN Takoma Tark	TOWN Cumberland	01-02-2
HOSPITAL OR TINSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS Washington Dan I hospital	ADDRESS 308 Montainview	Dr.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Catherine Louise Wilsow	OF DEATH 4 / 2	9 / 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under	
Fe amer, White WIDOWED, DIVORCED, (Specify) Married	Months Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	america
Pater Pressman	(Unknown) Herbek	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes. no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
service)	Washington San + hosp. re	ecords
18. MEDICAL CE		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
		ONSET AND DEATH
Immediate cause (a) Coronary accel	lusen	1 hr 15 min
Intinediate cause (a)	**************************************	4.5.6.7
Antecedent cause(s)		
Diseases or conditions, if any, (b)	0+++++++++++++++++++++++++++++++++++++	
giving rise to the above cause' stating the underlying cause last		
(0)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Von El No El
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No W
PRIMARY or CONTRIBUTING OF office bldg., etc.)	(COUNTY)	(SIMIE)
CAUSE OF DEATH. INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY m. work at work		
and I would that I take about a fit		4 11 11
22. I certify that I took charge of the remains described above, held an A	Autopsy _, Inspection & Inquiry & thereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes ♣, accident □, suicide □, homicide □,	casea area on the any statea above, and death in my	opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
2- 20	PI A	DATE SIGNED
Thank & Broschart M. V.	Victoria ne y 1116	4.29.55
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	(State)

WRITE PLAINLY, WITH U is especially important. PLEASE

13R

The correct

Supply every item of information carefully. write the causes of death clearly and legibly.

UNFADING INK.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

DEVIEW S YAM

3892

CERTIFICATE OF DEATH

Reg. Dist. No. 3 16

03883

3032	CERTIFICATI	E OF	DEATH	Reg. Dis	t. No. 216
I. PLACE OF DEATH:		2. USUAL	RESIDENCE (HOM	E) OF DECEASED:	
COUNTY Montgomery		C100 A 0073	Manuland	COT	NTY Montg.
CITY (If outside corporate limits, writ	MARYLAND	CITY	Maryland (If outside corporate	limits, write RURAL	and give nearest town)
OR and give nearest town) Bethesda	(in this place)	OR TOWN	Bethesda		X
IIOSPITAL OR INSTITUTION OR STREET ADDRESS 7211 Exe	eter Road	STREE' ADDRE		(If rural give location eter Road	(n)
3. NAME OF DECEASED: (Type or Print) JAKES	WILLIAM L	JILSO,		1: 4/29	(Year) 1955
RACE: / WID	OWED, DIVORCED, a	of BIRTH:	879 7	5 yrs. Months	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	Government	R 11. BIRT	IPLACE (State or Englan		COUNTRY? U.S.
13. FATHER'S NAME:	GOVETHMENT	14. MOTHE	R'S MAIDEN NAME		
Charles W:	ilson	El	izabeth Fo	rtnam	
15 WAS DECEASED EVER IN U.S. ARMEO FORCES					Bethesda
(Yes, no, or unk.) (If Yes, give war or dates of service)	None			211 Exeter	
	18. MEDICAL CERTIFICAT	ION			Interval Betwee
I. DISEASES OR CONDITIONS DIRECT	LY LEADING TO DEATH		1 . 1		Onset And Deat
331X	(a) Resze	retory	Failer	g	4-8 kgu
AHITHCUIGGE CHARLE	E TO P 2/1	irt	4		4/23/55
Antecedent causes (s) Diseases or conditions, If any,	(b) Cerebral	Hen	unhaze		12/20/53
giving rise to the shove course	E TO	71	1,0		Flores
	c) Cedranced as	leccore	loves		Sylais
11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but	not				
related to the disease or condition causing 19a. DATE OF OPERATION: 1 19b. MAJO					20. AUTOPSY ?
					Yes No 18
SUICIDE OF	ACE (Home, farm, factory, stree office bldg., etc.) URY	t, (CITY	OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DII	INJURY OCCUR?		
22. I hereby certify that I attended		1950	to 4/25	19 SI, that I las	st saw the deceased
	that death occurred at	5-00 PI	7., from the caus	ses and on the dat	e stated above.
Trank Jeggers	2 MD 570		ones leve	201	4/25/55
23. BURIAL, CREMOTON TATE THE REMOVAL (Society 4/28/1	955 Parklawn		Rock	CVILLE, Mont	eminty) (State) g.Maryland ADDRESS
DATE REC'D BY LOCAL REGISTRAL REGISTRAL	R'S SIGNATURE	24. FUNER	AL DIRECTOR	livey Beth	
112010011191111	III. THOUNKAM	MANUELL	VI IA IAMAN	WWW DC CII	O Duck grille

VS.

MARGIN RESERVED FOR BINDING



OR WRITE PLAINLY, WITH UNFADING INK.

is especially important. Physicians:

correct age

PLEASE TYPE

Supply every item of information carefully. The

please write the causes of death clearly and legibly.

3893 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03884

CHIMITALC	A FEW WA	OT	****	
CERTIFIC	ATE	OF	DEA	WNH

CERTIFICATI	E OF DEATH Reg. Dist.	No. 2/6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomern MARYLAND	STATER and COUNTY Out	aomein
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and OR TOWN	
HOSPITAL OR Subvilled documents of the Manual Control of the Manua	STREET (If rural give location) ADDRESS 6 W mortgo	men twe!
DECEASED: (Type or Print) Carry Carry	(Last) 4. DATE (Month) OF DEATH DEATH	1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED (Specify)	9 188 9 yrs. Months Da	Hours Min.
Work done during most of working life, even if retired):	Mulgland	OUNTRY OF WHAT
13. FATHER'S NAME: Unner	Tarra browe @	ockulle his
15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes no, or unk.) (If Yes, give war or dates of service) 18. Social Security No. 17. INFORMANT & ADDRESS: 19. Social Security No. 17. INFORMANT & ADDRESS: 19. Social Security No. 17. INFORMANT & ADDRESS:		
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
	4	ONSET AND DEATH
33 MMEDIATE CAUSE (A) Cerul	ral Hemorrhage	3 days
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	ligid arterios dervis	zoyrs.
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?) (State)
OF INJURY	21F. HOW DID INJURY OCCUR?	9 . 15 121
22. I hereby certify that I attended the deceased from 1993, to 2 of 1953, that I last saw the deceased alive on 2 of 1953, and that death occurred at 11.30 M, from the causes and on the date stated above.		
SIGNATURE WILL Hall M	ADDRESS DATE	SIGNED /55
REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or	17.1
Burial 4-5-1955 St. Mary' Date REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR, 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Barnesville,	Md .
4/4/55 Besse M. Hompson	Hobert a. Kumphrey Beth	esda, Md.

BUREAU V. S. SZGI II NAA

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TEST COMMENT AND ADDRESS OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03885

CERTIFICATE OF DEATH

Reg. Dist. No. 215

legibly. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH STATConnecticut Montgomery COUNTY COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) (in this place) and give nearest town) OR TOWN TownHamden Bethesda Rumal HOSPITAL OR STREET (If rural give location INSTITUTION OR ADDRESS STREET ADDRESS U. S. Naval Hospital Santa Fe Avenue (First) (Middle) (Last) 4. DATE (Month) 3. NAME OF (Day) (Year) DECEASED: Virginia Voeth WOOD YARD DEATH: April 1955 (Type or Print) 6. COLOR OR 17. SINGLE, MARRIED. DATE OF BIRTH 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED RACE: Months Hours (Specify): Married White Female 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF work done during most of working life. OR INDUSTRY: COUNTRY? even if retired) : Housewife Housewife Kansas US 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Robert W. VOETH Ruth FISHER IS. WAS DECEASED EVER IN U.S. ARMED FORCES! band Edward L. WOODYARD 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service) Unknown Same as above 18. MEDICAL CERTIFICATION INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH d MMEDIATE CAUSE sicians DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) Phys GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 198. MAJOR FINDINGS OF 19A. DATE OF OPERATION: 20. **AUTOPSY** NO 21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., etc. 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) Not while While OF INJURY at work at work L 00 22. I hereby certify that I attended the deceased from 27 Mar , 1955, to 15 Apr , 19 55 that I last saw the deceased 19 55, and that death occurred at 8:20A M, from the causes and on the date stated above. ಥ ect OLL CDR MC USN U. S. Naval Hospittal, NNMC, Bethesda, Maryland

NAME OF CEMETERY OR CREMATORY

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REMOVAL (SPECIFY) Apr 1955 REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL BEGISTRAR 1955

BURIAL, CREMATION,

Apr

Arlington National Cemetery Arlington, Virginia 24 FUNERPURPLE FUNERAL Home Wisconsin Avenue, Bethesda, Marylan

LOCATION (City, town, or county)

BECEINED

BUREAU V. S.

2361 81 A9A